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HOMOEOPATHY  
IN  
MEDICINE AND SURGERY

BY   
EDMUND CARLETON, M. D.

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1913



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## PREFACE

The author's aim was avowedly always to exemplify the practical—the clinical side of medicine. Leaving the theoretical and didactic side to others, he felt that his work, name and fame were gained at the sick bedside. Consequently he is remembered by the profession and his large clientele as a practical clinician and master of therapeutics. So, in endeavoring to hand down the fruits of his ripe experience of over forty years in the practice of pure Hahnemannian Homœopathy, he deemed it best to present the material in a series of object lessons, bringing the patient and sick room to the foreground as vividly as possible.

In this way the morbid symptoms and the pathogenesis of the proven remedy are most closely compared; the results in actual cases most clearly brought forth. Comparisons and the factors leading to the selection of the drug most resembling in its symptomatology the pathological totality are a prominent feature. The constant aim is to show that individualization is the crux of Homœopathic practice; that cases must be studied—studied hard—and remedies too, until the *one* that accurately fits is found.

It is just these practical and clinical features which every physician has to meet in prescribing for every case. If therefore any justification be needed for the appearance of this book or, more particularly, the unusual mode of presentation, the appeal to busy practitioner, student and all interested in Homœopathy is alike through actual and concrete “cases,” the truth of which is unquestionable.

There are abundant good text- and reference-books on Homœopathy: its theory, its defence, its scientific basis, its parallels and analogies in modern science, keynotes and abridgments of its voluminous materia medica designed to simplify the labors of the student and busy practitioner, pathologies and therapeutic guides, etc. And still, with the possible exception of Farrington's Clinical Materia Medica, which deals almost entirely with the drug picture rather than the therapeutic aspects of Homœopathic practice, the field of Dr. Carleton's book is untouched elsewhere.

Any patient investigator can soon convince himself of the truth of Homœopathy. But when he faces actual cases with all their complexities and perplexities, his faith and ability are apt to falter. If he is familiar with the work of such master clinicians as Boenninghausen, Hering, Lippe, Guernsey, and the others, their accomplishment seems mysterious, almost magical; their selection of curative remedies seems intuitive and beyond ordinary attainment. But this is not so. Those who had the friendship of these great men learned the method and could successfully practice it. The method was always clinical and practical. But with all their splendid works none of them, save perhaps Farrington, left books illustrating that method. We can learn the theory, materia medica and pathology from the books and colleges. The clinic gives us diagnosis, surgery and familiarity with disease and its course. It should also give us the practical knowledge of therapy. Does it? Candor would compel most of us to reply, No.

To fill this gap is the purpose of this book. To the earnest seeker for this information, be he student, practitioner or investigator, it should be of value to supplement, link together and make practical his knowledge of Homœopathic theory, materia medica and pathology. That it might be so was the humble and earnest desire of the author, whose wish the prefator has here tried to express.

SPENCER CARLETON.

Flushing, Feb. 23d, 1913.





# HOMŒOPATHY

## IN

# MEDICINE AND SURGERY.

### INSANITY.

The most important symptoms of a case of sickness are the mental symptoms. Hahnemann called attention to this fact. The most important symptoms produced by a drug upon healthy people are the mental symptoms. This fact has been recognized by our drug provers. Other things being equal, the homœopathist who most closely applies the artificial symptoms to the natural symptoms, when prescribing, achieves the most notable success.

It is not claimed that homœopathy will cure every case of insanity. Some cases are incurable. Homœopathy will cure every curable case. It has astonished observers by curing many terrible cases which had been considered incurable. It mitigates the sufferings and postpones the fatal termination in the worst cases. I have in mind a number of cases of paresis so far advanced as to require a urinal to be worn in the trousers and help in locomotion, who were preserved to a good measure of business activity a number of years longer than the most hopeful observer dared to claim, by homœopathic medicine and careful regimen. I think of the apparently hopeless case of mania in the practice of the late Dr. J. P. Van Evera. The patient was in constant motion and lamentation. If near a window she wanted to throw herself from it. When near the water she wanted to drown. On entering the kitchen she endeavored to get into the stove and burn to death. The case was referred to the late Professor Selden H. Talcott, who gave *Rhus tox.* and cured the case promptly. Nothing in my

medical experience has given me more insight and confidence in homœopathy than that cure. It served me well in the case which is about to be related.

The insane patient should not be deceived. After listening attentively to his strange statements, the physician can say: "That is the way it seems to you, but I think it is thus and so. I believe you are a little crazy." Again, if it becomes necessary to send him to a public institution, the patient should be so told, in a kindly way, saying that the change is thought necessary for his comfort and care, and that he may the sooner recover. If he gets excited and refractory, listen calmly to what he has to say, but do not yield nor appear to yield the point. A physician who acts thus will retain the respect and confidence of the patient, and be in the position to render him the greater amount of benefit medically.

Mrs. ——— was very happy with her devoted husband and lovely daughter. Unfortunately she meddled with "Christian Science." It upset her badly. Hoping that a change of surroundings and scene would help her, she started on a trip to different points in New England. The movement was disastrous. She became evidently insane and was hurried back to New York in a few days. Here is her own story written a few years after her recovery:

"The final culmination of my illness came on the 12th of September, 1900. This was the outcome of five years or more of intermittent insomnia brought on by a nervous condition, due, in part, to perpetual speculation on psychological subjects and arduous study of mental and religious subjects. Neglect of physical exercise and proper diversion and the attempt to do a thousand things at once probably rendered hurtful occupations which might otherwise have been harmless.

"In July and August I was nervously and physically run down, and it is difficult to discriminate between what might be called physical and mental symptoms. In July I had been exaggeratedly anxious about a kitten which we took to the

country from New York. The kitten was badly frightened on the journey and somewhat bruised. The bruises became bad running sores, and I devoted myself to its cure, giving it mental treatments at frequent intervals. The first serious symptoms occurred while driving early in September. There was great agony in the head with inclination to sleep. When in a half asleep condition and on awaking, the anguish was awful. A few days before the 12th I began to oscillate in mind between a belief in a future state and the reverse. Suicidal thoughts came to me in order to get relief from the pain which was partly physical and partly mental.

"One day I was quite hopeless and the next cheerful. About the 10th I seriously proposed to my husband the destruction of the family together. That night I did not sleep at all, and had a grinding pain in my head as though something were breaking, and visions or horrid nightmares went chasing through my brain; with this came the certainty that something awful was going to happen to me. It did.

"On the 11th I went to New York with my husband and daughter and called on Dr. Carleton. Took the Sound boat. Previous to going I tore up my letters and prepared for death or insanity. I was careful not to alarm my mother. On the boat I had intervals of hope and cheerfulness followed by delusions that were terrifying. The intervals became shorter and shorter. At this time there was a curious pain starting from the back of the right ear and running up into the head. (I should say it was like the application of a strong electric current to a nerve.) During the night I slept a short time twice, and on awaking the pain was more severe and the certainty that I was losing my mind was more intense. I seemed to be waked by this intense pain in the head which I have described. On board the boat, for the first time, I had symptoms which endured all through my illness. I saw a peculiar significance in accidental trifles, which seemed to have



double meaning. Black cinders falling on my white shirt waist made me believe that sin was falling on me.

"This mental and physical pain was continuous and intermittently more severe during the following day on the train to Provincetown and after we arrived there. Instead of remaining there, as had been intended, we took boat in the afternoon for Boston. The boat was delayed in starting by a severe blow. I was glad to go because I hoped that the boat would go down.

"On the boat, for a time, sitting on deck, I felt better, then lay down in the cabin and slept for an hour. On awaking the pain was intense, and it was with difficulty I could control myself. We landed at Boston and started to walk to the hotel. On the way I could no longer endure the pain in my head, and screamed violently, all the time conscious that I must control myself for my daughter's sake, for she was with us. Screaming was a tremendous relief. When I was restrained by force, at first, it excited me greatly.

"A peculiar change of my mental vision came to me in the boat just before leaving Provincetown for Boston. It seemed as though my brain was turning, so as to receive external sensations through new openings. By an effort of will I delayed this movement. Finally, in a few minutes, the change came, and my husband, to whom I was talking, seemed to assume another personality. This sensation continued for some days.

"At the Boston hotel, in spite of a narcotic, I did not sleep. On the journey to New York by train, the next day, my brain seemed to be running away at a terrific pace. I could not control it. It was reasoning out things.

"At the hotel in New York I did not sleep the first night. My mind was reasoning out a sort of arithmetical progression. The sense of hearing became extraordinarily exaggerated. The car bells in the street, the first night in New York, only,

seemed to be ringing inside my head. I had a severe choking sensation from phlegm running into my throat.

"I consider my cure due largely to the fact that I was never deceived and not shut away from my family and every day interests.

"November 26th, 1905. I feel in better health now than ever in my life."

She saw and heard imaginary persons and things; was melancholy; terrified; loquacious; desired light; shunned food and drink, saying they were poisoned; was restless; trembled; had involuntary stools and urine. Her nose was red. She had a fixed, strange idea for a time, then dropped it to take up another idea. She slept very little, and it was months before she averaged thirty hours a week.

I gave *stramonium*, two-hundredth, in water, every two hours for five days, but becoming impatient changed to *lachesis*. I then turned to *sulphur*, two-hundredth, for a week. This was followed by *rhus tox.*, with some benefit, up to November.

Doctor Blauvelt, of the Board of Health, saw the case. He thought she could not live much longer.

November 10th, I became satisfied that *stramonium* was the remedy, and returned to it, with benefit to the patient.

Professor Talcott saw the case with me and expressed hope for her life.

Early in January, 1901, improvement ceasing, I gave a dose of *aurum metallicum* cm. [F.], with great benefit, which lasted until October. Then returning to *stramonium*, I gave a dose of the cm. potency. She was nearly well. In January, 1902, *veratrum album* cm. [F.] took the field and held it four months, when, improvement flagging, the millionth potency was substituted for the cm. That finished the case.

## CATARACT.

I understand oculists to say that cataract is incurable. My experience leads me to ask the oculists what, in addition to the restoration of sight, is needed to constitute the cure of a case of cataract? Is it possible to see clearly through a diseased lens? For instance:

CASE I.—A woman, sixty-three years of age, presented the following symptoms: Nullipara. Had experienced great trouble at the menopause. Weakness of memory, absent-minded, inattentive and distracted; anxious melancholy, stubborn, dictatorial; thinking of complaints aggravated them. Felt as if the anterior half of the inner surface of the skull were lined with mustard; darting pain in left vertex; sometimes empty feeling. Photophobia; eyes itched and burned; continually rubbed them. Blurr before the eyes, varying in degree at different times, with inclination to close them. Frequent sneezing, followed by fluent coryza; frequent, profuse epistaxis; itching of tip and alæ of nose, end of nose knobby and red, net-like appearance of capillaries; naso-pharyngeal, catarrh, which she continually tinkered with local applications. Dry throat, with peculiar tickling, feathery sensation; raw throat, with sensation like heart burn; coughing, mostly dry, later with expectoration of a little mucus, cough relieved by swallowing water; throat felt narrow; when coughing urine spurted. Walking fast and eating caused shortness of breath. Stiffness of neck, could hardly move head, pain in neck down shoulders, arms and wrists. Itching of anus and orifice of urethra. At night could not get a quiet position nor lie still; no sleep until three A. M., on account of nervous, energetic state. All symptoms worse in wet weather. Skin disinclined to heal if wounded. Abuse of *sulphur* for scabies in childhood. A prominent oculist at my request examined the eyes and sent to me the following statement:



"Immature cataract in both eyes, both lenses quite opaque at the periphery. There is also a high degree of *myopia*, with astigmatism and presbyopia and some weakness of internal recti muscle."

I prescribed *causticum* thirtieth, a powder every night until improvement should appear and then taper off.

A little over a year later the oculist wrote: "The eyes seem stronger, no particular change in lenses. I consider she is doing very well, and would advise a continuance of same treatment."

A year later the oculist said: "I am surprised that she can see so well."

Three years later she thought she was so well she could do anything with her eyes and abused them so terribly that they became worse. The oculist suggested *phosphorus*, which I gave. She began to fall off on account of bereavement and bad influences. A nature doctor stopped medicine and starved her. Oculists sneered at medicine, and said, "Wait until the cataracts are ripe and then operate." Valuable time was wasted. Later, she returned to me. I gave occasionally a dose of *causticum* cm. Shortly before her death, which occurred in her eighty-third year, she could read ordinary print and manuscript without glasses.

CASE 2.—A tall, slender, over-sensitive, hard working farmer, seventy years of age, noticed a milky haze before his eyes; and said he "couldn't see across the church." To see well he wanted a bright light while he was in the dark. Could not find glasses to fit.

The oculist discovered cataracts in both eyes (in the milky stage), and said that nothing could be done but to wait five or ten years and then have them operated upon.

The eyes were worse in hot weather and from over-exertion; relieved by lying still. Constipation, large, hard, dry stools, with no urging. Thirst for large quantities of cold water. Stiff neck, arms and shoulders, especially at the insertion of

the deltoid muscles. *Bryonia*, two hundred, in water, relieved greatly.

The following winter he suffered from wet weather; relieved by motion; more uncomfortable in than out of doors. The tongue had a triangular red tip. *Rhus tox.*, two hundredth, relieved this condition.

Five years later the oculist said, "Your eyes are no worse."

At this juncture I made an important discovery. The eyes felt inflamed from the heat of the fire. That completed the picture of *phosphorus*. It was gratifying to see the eyes improve under an occasional dose of *phosphorus* cm.

Thirteen years after the start his daughter wrote as follows: "Father says that the 'bushes' are gone from my eyes, so that it would be hard to find even a leaf. Surely you ought to feel as if you had accomplished a great deal." Six months later she wrote again, as follows:

"Father is so well and busy I can hardly realize that he is eighty-three years and six months old."

The oculist frankly admitted the restoration of sight. It gives me peculiar pleasure to say this, as he belongs to the allopathic school of medicine.

## CROUP.

It is needless to dwell upon spasmodic croup. It scares the family and may lead to unnecessary dosing, but seldom does any additional harm. If it is not related to *aconitum* (with fever), or *spongia* (sudden attack at night), at a glance, I study up the similar medicine.

Membranous croup, pseudo-membranous laryngitis, croupous laryngitis, has killed many a victim and demands careful attention. The exudation upon the mucous surface is fibrinous. Although rated with diphtheria, it differs from diphtheria in that it has no penetrating odor and leaves no scar.

It tries a physician's nerves to see a child perish under the

torture of membranous croup. He may in consequence err in judgment and do too much, and thereby lose a case that might otherwise have been saved.

*Aconitum* has been a potent weapon in my hands when there were fever, hot, dry skin, thirst, fear and restlessness. From numerous cases I select the worst one for illustration. After a struggle lasting twenty-four hours, the attending physician had said to the family that there was no chance whatever for the little boy. He welcomed their suggestion to call me in, and expressed a wish to be free of responsibility. The prospect was most discouraging. Membrane covered the throat and invaded the larynx. The symptoms first named above were all present. I made a solution of *aconite*, two-hundredth, and began to give it every fifteen minutes. After two hours of this there seeming to be a slight amendment, the doses were placed twenty minutes apart, and so on. It was about sunset when we began. About eight o'clock the next morning the patient was evidently improving, and the medicine was given every hour. I had ordered every dose myself and now took a recess. Subsequently the same plan of abatement of doses as improvement was seen was followed. After two days of this work the cure was complete.

*Antimonium tartaricum* has often been indicated in my practice. The demand for it is so definite that none should fail to comprehend. Face cold, bluish, covered with cold sweat; pulse frequent; voice soundless; sawing respiration; rattling respiration, as if the air passages were full of mucus, without expectoration; larynx painful to touch; great prostration; beginning paralysis of pneumogastric nerves. Aggravation in the morning. *Tartar emetic* has helped me out with some desperate cases having the foregoing peculiarities. If it has been indicated and failed to cure, then nothing else, not even tracheotomy, has been of any use.

*Belladonna* is often needed in spasmodic croup. It is also occasionally the remedy in the more serious malady. It serves

me best for a sensitive nature, with hot head, large pupils, flushed face, dry and hot skin, full and sharp pulse, dry, barking cough, swollen red tonsils, patches of exudation on fauces. Aggravation 3 p. m. Midnight attacks.

*Hepar sulphuris calcareum* has a loose, rattling, choking cough, worse in the morning [compare *ant. t.*]. My cases have more frequently demanded *hepar* by virtue of a hoarse, dry, barking cough. The child cries when coughing. Whistling respiration. Swelling of neck in region of trachea. Worse before midnight. Boëninghausen says worse in east and north wind. Dunham confirms this statement as for Germany, and reminds us that the American west and northwest wind corresponds with the other of Germany. The west and northwest wind (dry and cold) has figured in all my *hepar* cases. When indicated, this remedy is mighty.

*Kali bichromicum*. Dyspnœa; hoarse, rough cough, breathing sounds as if the air were passing through a metallic tube. Often needed in the worst cases of membranous croup and diphtheritic croup. (See Diphtheria.)

*Lachesis*. Occasionally needed in true croup. Patches on fauces. Larynx painful to touch. I have always insisted upon having a number of the grand, general characteristics of *lachesis* shown by the case, before giving it in this disease. (See Diphtheria.)

*Phosphorus* has been of most assistance to me when hoarseness persisted and the disease exhibited a tendency to relapse after most of the work had been done by other remedies. Others have had cases that needed *phosphorus* from the start. Then the *tout ensemble* was that of a typical *phosphorus* patient.

I no longer do tracheotomy upon short necked, fat children having membranous croup, unless solicited to do it. Aside from the difficulties attending the operation upon such patients—and they are not to be despised—tracheotomy has disappointed me after faithful trial. It gives temporary relief, but

the disease nevertheless extends downwards, the system shows more and more the effects of poison, and the patient succumbs to asphyxiation or exhaustion. Of course, I have not operated until driven into a corner. "Just so," says my surgical friend, "I operate earlier and save a number." "Exactly," say I "but a good proportion of such cases as you operate upon I cure with the indicated remedy, and without operation. Shall we compare statistics of the sums total?"

Intubation was hailed as a great boon; and I have no desire to belittle its claim; but I observe a falling off in enthusiasm for it and an increasing catalogue of detraction. I have never done intubation, and do not own a set of tubes. I am, perhaps, too apathetic; but it is not easy for me to understand why intubation should save a desperate case that tracheotomy cannot save. Did some say "begin early?" I thought so. It is not a strong argument with a Hahnemannian. Since learning the futility of tracheotomy in the specified class of subjects, I also wish to be allowed to *begin early with the similar medicine*. My percentage of cures is greater than it was formerly. If operation must be early or fail, let me rely upon the *more mighty early prescription*.

### DIPHTHERIA.

No case is safe until well. The mild one is apt to lull the physician and family into a false sense of security. Stealthily or suddenly the treacherous disease may extend to the larynx and place the patient in the utmost peril. Then is the hour of trial, when panic threatens to overcome wise counsel. A hybrid physician may be called in. If so, he is likely to say that "it is a crime not to use antitoxin." If antitoxin is then demanded, it is best for the homœopathist to relinquish responsibility and become a spectator; for I have never seen a favorable termination of such a case. According to my experience and observation this terrible disease yields better to



pure homœopathy than to any and everything else. This is reasonable. If there be a law of cure it should apply to all diseases.

Says Quid Nunc: "Hahnemann did not know that germs create diseases. That discovery was reserved for modern science."

Answer: When you say germs, I presume you mean bugs; but the fact that myriads of diphtheria bugs have been found in the mouth of a healthy man, while his neighbor, sick with diphtheria, exhibited but few diphtheria bugs, confirms my belief that bugs can do harm to the sick only. You have not jostled Hahnemann or the law of cure.

Q. N.: "Granting that diphtheria bugs or their toxins produce in sick people the disease called diphtheria, then what?"

A.: Then you introduce a new and valuable, though by no means sole method of obtaining a diagnosis. The law of cure is unmoved. The homœopathic prescriber cannot know too much of the individual sick case in hand. He welcomes the assistance of bacteriology, pathology and other forms of diagnosis. They help him to name the disease, isolate the sick, adopt suitable diet and regimen, watch convalescence narrowly and guard the prognosis. These helps must not exceed their limitations. They shall not influence the prescription. It is made according to the similarity between the symptoms of the patient and those of the medicine. Its function is supreme.

Q. N.: "Is antitoxin homœopathic to diphtheria?"

A.: No. Antitoxin is isopathic and not homœopathic to the parasitical action which is seen in diphtheria and is negligent of the peculiar needs of the individual patient. When antitoxin has been given to healthy people and the symptoms produced by it upon them have been published, then homœopathy will require the administration of antitoxin, regardless of bacteriology, pathology and other forms of diagnosis, to

that patient, and no other, whose symptoms of natural disease are similar to those produced by antitoxin.

Q. N.: "But see how easy and precise the antitoxin treatment is. Ascertain what bug is in evidence; learn which antitoxin will kill that bug or its toxin; oppose toxin with antitoxin. The little syringe quickly does the work. No drudgery to discover the individual need and similar remedy. A vast saving of time and energy."

A.: That is to say, the human system is a laboratory and must have laboratory usage. Kill the bugs and toxins even if you kill the patient at the same time. I have no desire to abandon art and degenerate into a pathological prescriber, compel every diphtheria patient to submit to the same drug, make every foot wear a number six shoe, and enlist under the banner of General Laziness. One revolts at the thought of such a falling off while at the same time retaining membership in homœopathic societies. It would be full-blown hypocrisy. If I ever give up my belief in the law of cure, when that time comes let me seek fellowship with our neighbors, the eclectics, and save the respect of myself and others.

Q. N.: "Many physicians believe in antitoxin and report cures from its use. Have you tried it?"

A.: No. I never experiment upon the sick. I have seen enough of that at the hands of others to confirm my poor opinion of it. Besides, those who have had the greatest experience with antitoxin denounce it, not only for its failure to do good, but for the positive harm it produces. Why continue these experiments upon the sick? Do make your provings upon the healthy and show me the records, that I may fit the medicine to the similar sick case when it is seen.

Q. N.: "But you will at least admit that there have been fewer deaths since than before the general use of antitoxin."

A.: That is a baseless claim. Lately we have not seen the epidemics of malignant diphtheria that once scourged us. Consequently there are fewer deaths. I believe that to be true of

the antitoxin field, and know it to be true of the Hahnemannian in practice. We now seldom record a death. I wait to hear what excuses you will offer when a fierce epidemic robs you of patients, some of whom might have been saved by pure homœopathy.

Q. N.: "Have you any objection to the prophylactic use of antitoxin.

A.: I condemn it without qualification. First, it is useless as a curative, and, therefore, must be useless as a prophylactic. Second, I loathe the idea of filling a healthy person with vile poison. It may prove disastrous. If there be any, even the slightest, coercion in using the poison, that constitutes a criminal assault which ought to be resisted by force. I know of nothing better calculated to stir one's indignation and wrath to their depths than the action of a petty tyrant in forcing his hell's broth upon a helpless victim.

Pause and think where faddism would bring us. Dr. Macewen has painted a vivid picture of the seven (?) ages of man, each monumentalized by the loss of an organ. Shall we add to this mutilation a practice equally bad—I mean the injection of noxious serums, with a view to prophylaxis against diseases to which in health we are immune and to which we have small chances of exposure under normal circumstances? Beginning with vaccination, must we inoculate every year or month as fad dictates, and, perhaps, be interfered with (as was a health inspector who vaccinated himself once a month) by small-pox and death? Then lest the poor victim get cancer or erysipelas, shall we periodically inject anti-streptococcus serum? Then, at the first mention of diphtheria, plunge in the needle loaded with several thousand units of antitoxin? And, if we are extremists, now and again resort to tuberculin to head off tuberculosis. Where would this course end? All these poisons are drawn from animals not necessarily healthy. Their serum differs from that of man, and does not naturally commingle with his. Some reaction always follows their use on man.

Health is often seriously impaired by this practice. Were this plan consistently followed, man would doubtless soon become susceptible to those diseases of the lower animals which he now escapes. The inoculation of new diseases by this means is already demonstrated. Would you not prefer to let your child run the remote chance of contracting a disease, when reasonably sure and harmless remedies are at hand, than to fill him with known and disgusting poisons? For we know not where the latter's action ends. The homœopathic prophylactic is a similar to the usual symptoms of the sickness to be guarded against, reinforced by the symptoms of the epidemic remedy, if that has already been discovered.

#### INDICATIONS FOR MEDICINES.

*Aconitum* is generally contraindicated; but in a few instances I have seen the need of it. Sthenic cases, first manifestation; high temperature; dry, hot skin, quick, rapid pulse; thirst; dark red throat with burning sensation. If fear, anxiety and restlessness are added, the picture is true.

*Apis* (*apium virus*) is the antithesis of *aconite*. Asthenic cases; great debility from the start. Drowsiness, or more likely dullness; ash-colored membrane, with stinging sensation; puffy, glossy, bright-red parts; uvula long and apparently filled with serum; no or little thirst; puffiness about eyes; dropsical tendency; skin may exhibit itching, stinging eruption; clumsy movements. Scanty urine; strangury. The urine should be examined, as the foregoing scheme favors the existence of albumen and casts.

*Arsenicum* has no characteristic throat. It is occasionally useful when there is great prostration and rapid sinking, with fear of death, anguish and restlessness. Head must be high. Worse at midnight. Thirst for frequent little sips of water. Such cases are commonly putrid and desperate and have fœtid discharge through nostrils. Urine scanty and loaded with albumin and casts.

*Arum triphyllum.* No homœopathic physician who has ever been tricked when a boy by his mates into chewing "Indian turnip" will forget the sensation that followed. When he comes across a case of diphtheria that has burning, smarting, rawness and excoriation of mouth and nares, with ichorous discharge from the nose that excoriates the nostrils and upper lip, he will feel thankful for his youthful experience, dissolve a few pellets of *arum triphyllum* two hundredth centesimal potency in twelve teaspoonfuls of water, order a teaspoonful to be given every two hours while the patient is awake, and depart in full expectation of finding an improvement the following day. He will be impressed with the reasonableness of Hahnemann's advice to physicians to make provings upon themselves.

*Belladonna*, despite its abuse for "sore throat," has a place in our list. In selecting it the main reliance must be upon such symptoms as these: Bright red, swollen, throbbing, dry tonsils, with thirst; feeling as of lumps, which must be swallowed even though the process be a painful one. Right side worse. Emotional, sensitive patient, hurt by light and noise. Full, throbbing head, worse from stooping; dilated pupils, responsive to light; flushed face. With these symptoms existing, *belladonna* must be given.

*Cantharides.* I have done some good work with Spanish fly, when the sensation in mouth, throat and larynx was as if scalded. Severe cases, with great prostration and sinking spells. They had the characteristic urinary indications—frequent micturition, with scalding before, during and after the act. The urine itself contained albumen, casts and blood.

*Capsicum annuum.* The closest description of the sensation is as if red pepper or mustard were plastered over the surface of the throat (sometimes also tongue and mouth). Low, feeble, asthenic conditions. If, in addition, there be hot, throbbing head and chilly back, there is a call for Cayenne pepper.



*Kali bichromicum*. This mighty remedy (when indicated) is a monument to Dr. Drysdale. There ought to be few mistakes in selecting it, if one will remember that the pains are sticking, intermittent, shifting from one locality to another, and confined to a small spot in each instance; and that the discharge from throat and nose is tough and stringy. Tongue coated with thick, yellowish-brown fur; sometimes red tongue; pain in throat when putting tongue out of the mouth; uvula relaxed, with sensation of plug in throat; uvula œdematous [*apis*, *mur. ac.*, *phyt.*]; firm, pearly, false membrane on fauces, tonsils, soft palate and pharynx, prone to extend to larynx [see *merc. cyan.*]; deep eating ulcers in fauces; hoarse, croupy cough; parotid glands swollen. Cases of the worst character have yielded to this medicine at my hands, when the above indications existed. In Hering's Guiding Symptoms may be found over three pages of valuable matter relating to the throat, covered by *kali bichromicum*.

*Lac caninum* corresponds to a low, vitiated, non-feverish type of sickness which shows general poisoning, while the throat exhibits a glistening membrane, worse upon the right side, liable to change to the left, and then back again to the right. This modality is not necessarily present.

*Lachesis* has done so much good work, that some physicians imprudently hasten to give it as soon as they have found the valuable modalities, "trouble beginning on left side of throat," and "worse after sleep." Such practice is not to be commended. See if there is in addition to these modalities frequent desire to swallow, empty swallowing or painful swallowing of saliva, liquids more difficult to swallow than solids. See if a membrane covers the fauces; if the throat is swollen externally; and internally; if the discharge from throat and nose is of foetid and excoriating liquid; if pressure around the neck is intolerable (waist also). When these symptoms, or most of them, are present, *lachesis* will yield wonderful results, as I have many times demonstrated. In critical cases, I re-

view the eight pages of throat symptoms which Hering devotes to this, his greatest single production, before prescribing. If any strength below the thirtieth centesimal potency be used in such a case, be ready to sign the death certificate. In fact, I much prefer the two hundredth and higher.

*Lycopodium* may be compared to *lachesis*, because directly opposite in some regards. They follow each other well—*lachesis* oftener preceding than following *lycopodium*. Trouble first detected on the right side [*lach.* left] and may spread to left. Ichorous discharge from nose, begins in right nostril. Fauces brownish-red. Feeling of contraction in throat, nothing goes down; food and drink regurgitate through nose. Feeling as if a ball rose up in throat from below. Stitching pains in throat when swallowing. Worse from warm, and better from cold drinks. General aggravation, four to eight p. m. Red sand in urine. Fanlike motion of alæ nasi is a symptom of grave significance to me. *Lycopodium* often triumphs over it.

*Mercurius cyanatus* has not been regularly proven. However, some valuable indications for it have been ascertained. It was first recommended by Dr. Beck to Dr. von Villers, because it had produced death of fauces and velum in five cases of poisoning. My use of it has been where there were marked prostration and malodor from the start, and, if the process were not soon checked, the larynx became involved. The high pulse and temperature, dry, hot skin, and sloughing tendency added to the foregoing, make a combination differing from that of any other drug. I have not seen the profuse salivation mentioned by some; but believe that it belongs to this drug when present with the other symptoms named. The thirtieth centesimal potency has served me well.

*Mercurius iodatus flavus*. Worse on right side; thick yellow coating on base of tongue; worse from warm drinks.

*Mercurius iodatus ruber*. Worse on left side [right, *merc.*

*iod. flavus*]; gums, tongue and velum swollen and sensitive; much saliva and mucus secreted.

*Muriatic acid.* Diffused, deep redness of velum and throat; œdema of uvula [*apis, kali bichr., phyt.*]; tonsils swollen; fauces swollen, unable to swallow; well-defined patches; voice hoarse; submaxillary glands swollen; dark, putrid blood from nose; not much fever but great prostration. I was once trying to decide between medicines in a desperate case. It came out that the patient kept sliding down in bed every time he was drawn up. That grand characteristic turned the scale in favor of *muriatic acid*. A cure soon followed.

*Nitric acid.* Eating and drinking practically impossible. Swelling, ulcers, patches. Exudate covers uvula. Dark hue in places. Pricking as from a splinter, piece of glass or hot wire. Salivation; fever; prostration; coughing; strong-smelling urine, like that of horses.

*Phytolacca.* In cold weather. Fever, pain in back, prostration, dizzy and faint when sitting up [*bry.*]; dry, sore throat, covered with dark exudate; sensation as if ball of red-hot iron had lodged in throat. Uvula large, almost translucent [*apis, kali bichr., murat. ac.*]. With every attempt at deglutition, shooting pains through ears. Digestive organs deranged.

For post diphtheritic paralysis study *apis, argent. met., arnica, arsen., baryta, causticum, cocculus, cuprum, gelsem., nux v., phosphorus, rhus tox., secale, sulphur, zinc*.

The word "adjuvants" covers a multitude of sins. Adjuvants are mentioned here to condemn them. Medicated gargles and inhalations are most heinous. They hinder instead of help, by setting up an action differing from and conflicting with the carefully chosen medicine, which is supreme and should not be interfered with. Mouth washes destroy valuable evidence and are absorbed. If I *knew* that none of it would be absorbed meanwhile, I should not object to spraying the throat with alcohol and water when the patient desired it;

but I do not know that; and alcohol in the system—all stimulants—are objectionable to the last degree. They exhaust the vital forces, which are so greatly needed in such a situation. Every stimulation is inevitably followed by weakening.

Water, milk, broths, may be taken when desired, but not urged upon the unwilling patient.

Isolation is demanded, of course. Disinfection can be done with chlorides and not poison the air of the room with the fumes of carbolic acid. The thermometer should be washed before and after using, and at other times stand in a glass of alcohol—*not carbolic acid*. The careful physician covers himself before entering the sick room. After the visit, any exposed parts may be rendered wholesome with alcohol, in the form of spray or bath.

In 1878, I had a valuable experience. Death had foreclosed his mortgage against my daughter and filed *lis pendens* against my son, four years old. Dr. Constantine Lippe had made his best endeavors for both, and they were good endeavors. "I want counsel. I want Dr. Bayard," said he.

It was a lazy, drooping case; nothing violent, but steadily sinking; vitality low, fever slight, pulse almost imperceptible, at times intermitting for long intervals. There was an extensive, glistening, gray deposit, worse upon the right side of the throat. He complained to his mother in these words: "Sneeze! mother, sneeze!" Then she worked out from his nostrils, plugs that extended clear to the throat. The diphtheritic exudate covered the anus and quite a margin around it. About five ounces of urine passed in twenty-four hours. Heat converted nearly all of it into jelly.

In the consultation, Dr. Bayard said that the case seemed to demand *lac caninum*. He related how he had become acquainted with the medicinal value of dog's milk when developed by potentiation, by the discoverer, Dr. Reisig. As yet the provings were fragmentary. Therefore Reisig enjoined Bayard not to make the discovery known to the profession

until careful provings should have been made. Bayard had thought that he could take Blank into confidence; but Blank had made haste to babble much more than he knew. Consequently, Dr. Reisig had kept other discoveries to himself.

After carefully measuring twelve teaspoonfuls of water into a goblet, Dr. Bayard dropped from the cork twelve drops of medicine into the water, stirred the solution a minute, and administered a spoonful to the patient. "Please give a teaspoonful every two hours, when he is awake," said he. "That is the thirtieth centesimal. Mrs. Bayard potentized it from the milk of a favorite spaniel, whose affection for the human race was unusually strong."

The patient became no worse. It seemed an age before improvement was apparent; and then it was very gradual. Every day the twelve drops went into twelve teaspoonfuls and were given as before. At the end of two weeks of this work, when the urine began to clear up, a higher potency was substituted; but the effect was not good, and the thirtieth was resumed. I cannot recollect when the tapering off of doses began nor when it ended; but believe that Dr. Bayard came to the house thirty-six days in succession. No other medicine was given. The cure was complete and absolute. There were no sequelæ. The kidneys resumed perfect function.

I have since learned that it is characteristic of *lac caninum* to begin its aggravation upon the right side, shift to the left, and then back again to the right. Dr. C. W. Butler and others have reported cases of rheumatism cured by *lac caninum*, where the determining factor was the above described modality.

The reader now knows all that I *know* of the symptoms of *lac caninum*. They have occasionally been encountered by me in practice and have well served their purpose. Much ridicule—some of it deserved—has been heaped upon the alleged provings and clinical observations of this substance made by individuals; but I have nevertheless gathered some valuable



information from them. Have a care, Dr. Sneer, lest you stand in your own light. I feel, instinctively, that a careful proving with the thirtieth centesimal potency, under the eye of a master, would yield results of great value.

One of the worst cases of diphtheria I have ever seen occurred in the practice of Dr. Spencer Carleton, who kindly permits me to mention it. The subject was a young woman of Junonian build and strength. The disease was violent, putrid, and manifest upon the mucous surface of throat and larynx from the start. *Mercurius cyanatus*, thirtieth centesimal potency, was given. Under its influence the membrane loosened *en masse*. It nearly strangled the patient, in spite of her efforts to remove it. Fortunately, a friend of the family, of Herculean strength, was relieving the nurse temporarily. Quick of intuition and instant in action, he seized the patient with his left arm and inverted her. With his right index finger, regardless of teeth and wounds, he brought forth the offending mass. Another membrane formed, this time pearly white and glistening and mainly confined to the larynx. It was accompanied with salivation which went in white, glistening strings to the floor when ejected from the mouth. *Kali bichromicum* two hundredth was given. The membrane was cast off with less trouble than with the first one. Then improvement abated. *Mercurius cyanatus* was once more put in action. It produced a gradual steady improvement. Much attention was demanded by heart, nerves and kidneys; but the medicine was unchanged; and at the end of about three months the victory was complete.

## CHOLELITHIASIS, GALL-STONES.

"Gall-stones are found rarely in the hepatic duct and its branches, but most frequently and in largest numbers in the gall-bladder, which they may leave by passing through the cystic duct into the ductus communis and from this into the duodenum; or they may escape by fistulous openings into the stomach or intestine, or externally through the abdominal wall. Through the ductus choledochus all concretions pass which leave the liver, whether they have their origin in the hepatic duct or in the gall-bladder; they, as a rule, obstruct the duct and interrupt the excretion of bile.

Symptoms.—Gall-stones may lie for years in the gall-bladder without giving rise to any symptoms whatever. But if they are washed from the gall-bladder into the cystic duct, they cause, unless they are very small, the most violent symptoms, known under the name of "Gall-Stone Colic." Usually a few hours after a meal, when the contents of the gall-bladder are poured into the duodenum, or in consequence of lifting a heavy load, or after mental emotions, an excruciating pain, of a boring and burning character, is felt in the right hypochondrium and epigastrium, radiating down to the navel, back to the spine, upwards into the chest, to the shoulder-blades and neck, and even down the arms to the very fingers' ends. The slightest touch increases the pain. It is attended by vomiting, great restlessness, singultus, even convulsions, delirium, syncope and speechlessness. In some cases the attack commences with rigors, often followed by heat and sweating, the temperature rising to between  $99.5^{\circ}$  and  $104.9^{\circ}$  F., and the pulse to between 92 and 120. Oftener, however, the pulse is small and of normal frequency, or even slower than normal. Jaundice is absent at first, or only slight, and becomes marked only when the calculus fills up the ductus choledochus. The duration of hepatic colic varies greatly; it may

pass off in a few hours, or last for many days. In the latter case the pain recurs in paroxysms until the duct becomes so far dilated as to permit the calculus to pass. Sometimes, the calculus, after entering the cystic duct, may return into the gall-bladder, when the pain likewise ceases, and in such cases no concretions are found in the stools. But when the calculus remains firmly impacted in the cystic duct, and completely closes up the neck of the gall-bladder, the colicky pains gradually subside, and there only remains a sensation of tightness or pricking, while the gall-bladder, incapacitated of emptying itself, gradually becomes largely distended (*Hydrops Cystidis Felleæ*), which may terminate at last in a destruction of this organ and consequent fatal peritonitis.

Stones in the ductus choledochus usually excite less pain on account of the greater capacity of this duct, and when entering the ductus communis the pain ceases altogether; but reaching the abdominal opening, the pain returns with renewed severity until the excretions have passed into the intestine. As long as a stone remains in the ductus choledochus the bile is more or less completely shut off from the bowel, and jaundice makes its appearance, growing the more intense the longer the obstruction lasts.

The Diagnosis is easy, where we find the gall-stones passed off in the stools, or where we can feel them in the gall-bladder. The whole row of symptoms as described above is characteristic. Jaundice, although not a constant symptom, is nevertheless connected with the other symptoms, of great diagnostic value." (Raue.)

I have seen so much benefit derived from the continued use of olive oil in the dietary that I now recommend it in all cases unless contra-indicated.

The enterprising knivesman finds that appendectomy has become too common to feed his ambition. Looking up higher, he discovers the gall-bladder and its ducts and appropriates them. To be sure, his happiness is alloyed; for he must pro-

duce gall-stones at every operation; but that fact may dissuade the conservative man—not him—so long as the exploratory incision remains available.

Homœopathy does grand work in this field—not only in alleviating the colic, but in helping Nature to dispose of the gall-stones and effecting a radical cure.

#### INDICATIONS FOR MEDICINES.

*Baptisia*. Pain over gall-bladder. Must stir about, though motion is painful.

*Belladonna* is as useful during the colic stage for gall-stones as it is for urinary calculi. Paroxysms come on quickly, are violent and go quickly.

*Berberis*. Pressure, also stitching in region of liver. Colic from gall-stones.

*Calcarea ost.* Pressure in the hepatic region, with every step, when walking. Stitches in the hepatic region during or after stooping.

*Chelidonium*. Pressive pain in region of liver. Stitches in region of liver. Pains from region of liver, shooting toward the back. Patient must sit up and bend backward when the pain comes on. Whites of eyes dirty yellow.

*Cinchona*. Pain in hepatic region as from subcutaneous ulceration; worse from touch. Yellowness of skin and conjunctiva. Colic from gall-stones. Swollen, hard liver.

When Doctor David Thayer was on trial by the Massachusetts Medical Society for the enormity of practicing homœopathy, he taunted his accusers with their inability to cure gall-stones and boasted of his unvarying success with this medicine.

*Colocynth*. Stitches in hepatic region, must bend double.

*Hepar*. Stitches in region of liver when walking.

*Lachesis*. Acute pain in liver, extending to stomach; liver complaints at climaxis; contractive pain in liver; ulcerative pain in liver.

*Mercurius vivus*. Jaundice; rush of blood to head; bad

taste; indented edges of tongue; abdomen swollen and sensitive; soreness in hepatic region.

*Nux vomica*. Stitches in region of liver, worse from contact or motion. Liver swollen, indurated, sensitive, with pressure and stinging; cannot bear clothing tight; caused by high living, abdominal plethora, debauchery. Eyeballs (lower part) yellow.

*Podophyllum*. Fulness in right hypochondrium, with flatulence, pain and soreness. Stitches, worse while eating. Excessive secretion of bile; great irritability, with sensation of heat there. Jaundice with gall-stones; pain from region of stomach toward region of gall-bladder, with excessive nausea. Jaundice, with hyperæmia of liver; fulness, soreness and pain; alternate constipation and diarrhœa.

#### ILLUSTRATIVE CASES FROM PRACTICE.

Case I. Miss L——, about forty years of age, had gall-stone colic about once in four months, in spite of all endeavors to help. One or more stones were found in the fæces after the attack. She suffered from terrible stitching pains in the region of the liver; was obliged to bend backward and had icterus. *Chelidonium*, two hundredth in water, was given when an attack began. It mitigated and shortened the pain, brought away a large stone and cured the case. There has been no return of the trouble in fifteen years.

Case II. A young man, suffering from pulmonary consumption, was depleted by expectoration and sweat. He attempted to feed heroically. Gall-stones resulted. The hepatic region was swollen, hard and sensitive to touch. His skin was yellow. His attacks of gall-stone colic occurred at night. *Cinchona*, two hundredth in water, helped promptly and relieved all symptoms. The diet was regulated and there were no more attacks of gall-stone colic.



## APPENDICITIS.

Gross, in his System of Surgery, takes occasion to condemn the practice of "the ever-ready knivesman." The eminent surgeon is no longer with us in the flesh. His words live. Our neighbor, whom he rebuked, has survived and multiplied. He claims exclusive jurisdiction over the appendix, whether well or sick. If permitted to do so, he removes the well appendix so that it shall not become sick, notwithstanding Macewen's demonstration, in a lecture delivered at the Charing Cross Hospital Medical School, of the utility of the appendix. He removes the sick appendix, as a matter of routine; and holds in contempt all suggestions of cure by medicine. Sad experience has led him to wait until the acute stage has passed, sometimes. I have seen one of great manual dexterity and international fame operate during the "quiescent" stage, leaving small opportunity for subsequent hernia by his skillful approach and careful sewing. After the operation we together examined the specimen. He expressed justification for the operation; to me the appendix seemed well.

The knivesman has ruled with a high hand; albeit there are those who have not "bowed the knee to Baal" and their number is increasing. I shall not soon forget the talk heard at the Academy of Medicine. Dr. Jacobi was speaking of difficulties to be met, reforms to be instituted, and fads and faddists to be eliminated. He said, "And we have—the—*appen-di-c-i-i-i-i-i-i-i-tis man.*" Uproarious shouts, laughter and applause from a full house greeted this sally.

The possible after effects of operations—herniæ, adhesions, secondary operations, patients made worse than before, their pains and discomforts, should not be forgotten. In spite of all denial, there is a large post-operative mortality. Mortification demands removal; but mortification, commonly called gangrene, is death *en masse*, caused by interruption of the

blood supply, and not so frequently seen as ulceration, which is molecular death and may, carelessly, be confounded in practice with mortification. It is easy to look at a specimen and pronounce judgment, "gangrenous," when it should be "ulcerated." Softening, disintegration and removal—the three synchronous steps of ulceration, can be reckoned with. Before they have perforated the appendix and formed an abscess nature has built up a wall about the troubled part, which keeps the pus from invading the abdominal cavity. Purulent effusions are rarities, seen only in depraved constitutions—especially so in Hahnemannian practice. A pus case that actually threatens neighboring parts should have interference—the abscess to be opened when ripe. However, I do not trust the judgment of a knivesman in making decisions, because he is one-sided. He has neither patience nor belief in medicine.

Notice the large proportion of cases of appendicitis contributed by the fashionable set. Of course there is a reason for this state of affairs. It is my belief that these patients directly invite trouble by their unphysiological habits. For instance, some form of athletic sport is now generally appreciated. So far good. The player comes in from his brisk exertions bathed in perspiration, removes his clothing, takes a cold shower bath, rubs down, and changes his apparel. Would he allow that kind of work at the stable? His horse comes in well lathered from work. He is wrapped in a warm blanket until dry, and then groomed. The horse escapes harm; his owner invites a number of ailments, including appendicitis.

Homœopathy cures the sick appendix; and thus renders operative interference unnecessary in all but very exceptional cases.

Looking at a group of cases occurring in my own practice, let me cite a few types to illustrate treatment:—

I. A boy brought to me by a colleague, for operation. First attack; diagnosis plain. Patient was flushed and cross, thirsty, quiet, suffering sharp pain, worse from motion; better

while lying upon the painful side. I assented that something ought to be done, and said I always liked to prepare a case for operation, if practicable, by giving medicine. "Of course, you have given *bryonia*." "No." We agreed—I taking all the responsibility—to postpone the operation twenty-four hours while the patient took *bryonia*. Then we met; found the patient a little better; continued the medicine; and so on. A cure speedily followed. There has been no recurrence. Was not that better than to operate?

II. Mr. ———, the subject of a number of recurrences. When in trouble he had always consented to operation; only to postpone it by reason of fear, when the time for operation arrived. Could I cure him? I encouraged hope, with the distinct understanding that there probably would be more recurrences because of much inappropriate medication in the past and habitually bad digestion, the attacks to steadily become lighter and farther apart as we should go along. We started out bravely. My prognostications were coming true under the action of *bryonia* indicated by symptoms like those of the case just given. One day he fell into the hands of the Philistines, and they cut out his appendix in short order. Months of greater suffering than ever ensued. He became a sadder and wiser man. Careful medication has finally made him well. He is an intensely nervous fellow. His symptoms changed rapidly. *Ignatia* did much for him.

III. Mr. ———, a young adult, too closely confined to sedentary business and in the habit of bolting his food, acquired a bad digestion eventuating in appendicitis. He had repeated attacks. When told that he must have an operation between attacks he enlisted under the banner of Pure Homœopathy and remained steadfast. Of course his mode of living had been corrected some time before I saw him; but that was not enough; the *simillimum* had to be given. Under it he has been completely restored to health, the attacks becoming stead-

ily milder and less frequent until there were no more. He was a typical *bryonia* case, similar to I and II.

IV. A lady from Chicago, a guest at a prominent hotel in New York, after examination was told by her medical and surgical advisers that she had appendicitis requiring immediate operation. This did not stampede her. Dread of the knife led her to make inquiry among her friends, which brought the writer into the case. I was able to confirm the diagnosis; and sought the similar remedy. There were local distension and heat; clawing, colicky pains in the ileo-cæcal region; great sensitiveness, inability to bear slight touch, even from the bed-cover; lying upon the back with knees drawn up; unable to turn upon either side; exacerbations coming suddenly, very intense, abating suddenly; all senses very acute. Who could fail to give *belladonna*, upon that statement? It helped so rapidly that in ten days she went home, well. There has been no recurrence so far—a matter of two years.

V. Mr. ———, aged fifty; was afflicted with mental depression, insomnia, and indigestion resulting from rapid eating; manager of a complicated and important business, over which he was accustomed to brood in the still watches of the night. He went to our large Western cities on a business tour; was subjected to unusual mental and physical strain; and came down suddenly with appendicitis. An authority commanded immediate operation. This was unpleasant news to the patient. He consulted a Hahnemannian physician, who felt sure that medicine could do much and should precede the knife. His selection was *mercurius*, indicated by the characteristic tongue; hard, painful, hot swelling in ileo-cæcal region; bruised sensation in intestines when lying upon the right side; no relief from perspiration. This medicine improved the case so much that he was able to travel in a few days; but he did not get steadily better and well. The offending part was sensitive to touch, and hurt with the jar of going up and down stairs; vertex hot; feet cold; hungry at eleven A. M. I became

satisfied that he needed the great antipsoric, and gave a dose of *sulphur* cm. [F.], which not only helped all conditions but made a clear field for the next remedy. He was sleepy, but unable to sleep; oversensitive to light and other external impressions; desired to lie upon the back with knees drawn up; general aggravation at three p. m. *Belladonna* two hundredth helped amazingly. There was a remnant left—some mental depression or apprehensiveness. His acquaintances (a number of whom had been operated upon) kept asking him, “Well, have you had it yet?” “Had what.” “Had the operation?” “No.” “Well” (with a wise wag of the head), “you’ll have it yet. My doctor says it is certain to come. You better not wait until it is too late.” That sent him to me for reassurance. However, a light touch from *ignatia* two hundredth ended the case. He is cheerful, well, resolute; digests and sleeps properly; and is heavier, harder and has greater capacity for work—which he enjoys—than ever before.

Now he “carries the war into Africa.” “What are you complaining of your side for? Tell your doctor that he did not finish his operation. Why doesn’t he cut out your bad feeling? He can’t cure you. Homœopathy cures. Tell your friends to get cured by homœopathic medicine; it will be worth many times the cost of an operation, which does not cure.”

This history has an interesting postscript. The gentleman was in a distant city when *ignatia* was prescribed as already related. He had stated his symptoms to me by telephone. I was obliged to break my rule never to name to a patient the medicine given to him, and sent him to a pharmacy for *ignatia*. He was delighted with the result, of course, and naturally inferred that *ignatia* had been a principal factor throughout the treatment. Not long after this recurrence he called upon a business acquaintance and found him suffering great pain “in his appendix” and putting off in dread the operation which had been ordered by his medical authority. Says the narrator:



“Even while I was talking with him he was all doubled up with pain in his appendix. I told him I was sure I could get something that would help him. Went out and bought a vial of *ignatia*, gave a dose, and directed him to repeat it every two hours. He promised to take it. I saw him again towards night and he was a great deal better. The next day the pain was gone and he was himself again and thankful for what had been done. We both considered the matter ended. Some months later we met again. He had just come out of the hospital where he had had an operation for appendicitis. He said he had thought that the medicine had cured him all right because he felt well; but the doctor found out what had been done, looked at the vial of pellets and laughed so much and frightened him so terribly that he had finally consented to have an operation. The *next* time we met he complained of almost continual bad feelings where the appendix had been.” The narrative continues:

“I was calling at a friend’s house and they told me of a young man who had been taken with appendicitis several days before and was soon to have an operation. As I was acquainted with the young man I called to see him; found him packed in ice and he and all the family in great trouble because the doctor had said that he must go to the hospital to have an operation for appendicitis in the morning. This was about three o’clock in the afternoon. The mother was greatly opposed to the operation, but the doctor insisted that it was the only way to save his life. The young man’s knees were drawn up towards his chin and he seemed to be in great pain. His flesh was hot, but I do not know how much fever he had. I asked the mother if she would be willing to give him some medicine until morning that helped me very much and she gladly consented. She took my vial of *ignatia* and promised to give five pellets every two hours when he was awake. I called again in the morning at eight o’clock and found the boy’s body and limbs relaxed, the pain almost gone, hardly any

fever and they had taken away the ice. At ten o'clock their doctor came and was perfectly astonished at the change in the young man's condition, so much so that he did not believe an operation would be necessary. He was not told of the *ignatia*. The young man is entirely well and strong today, doing hard manual labor, heavy lifting, etc.

Not long after, an older brother of this young man was taken sick with the same trouble and *ignatia* cured him entirely. I gave him the *ignatia*. He has never had any trouble since. These three cases were over a year ago.

One night in a sleeping car I was awakened by groans and cries of pain near me in the same car and I heard a man beg the porter and conductor to find a doctor for him on the train as he was suffering terribly. They came back after awhile saying they could find no physician on the train; and as the man seemed to be in great distress I went to him and asked him what the trouble was. He told me it was his appendix; that he had expected to have an operation for some time and now did not believe he would live to get to where he could have it done. His doctor had kept urging the operation. I told him I thought I had some medicine that would help him and he very gratefully accepted the offer of it. I gave him *ignatia* every hour for three hours. At the end of that time he was sound asleep and slept until morning. In the morning he was up and dressed before I was and said he felt better than he had for a long time. I have never heard from him since.

The next case was that of a young girl about fourteen years old, the daughter of a friend of mine. I happened to be calling there; they told me she had been sick for over a week and getting worse every day; that they had a prescription from the doctor who said that he believed the only thing to do would be an operation for appendicitis. I told them about my experience and they were very anxious to have some of the medicine. I got some *ignatia* for them, and in twenty-four hours the girl was up, dressed, and inside of a week's time the pain

was all gone. She is perfectly well and has never had a recurrence of the trouble.

The sixth and last case was that of a lady who was on the train coming from Pittsburg to New York. I heard her groaning and asked the conductor if she was sick. He said she was dreadfully sick and he was alarmed about her and did not know what to do. He said he had tried to find a physician on the train, but had failed to find one. From his description I concluded it was another case of trouble with the appendix and thought I would take the liberty of finding out; so I went, at the conductor's request, and asked her what the trouble was and found it was with what I supposed was the appendix. She was in terrible agony, could not repress the groans and it was very difficult for her even to talk, the suffering was so great. I put some pellets of *ignatia* in half a glass of water and gave her a teaspoonful every hour. At the end of three hours her body, which before had been perfectly rigid, began to relax and she said she felt a great deal better, the pain was going away. I then had the medicine given to her once in two hours and at two o'clock she fell asleep and slept until morning. In the morning she said she felt better than she had for months. The pain was nearly gone. She then told me her father was a physician and was sending her to New York to be operated upon for appendicitis; that he had given her something to quiet the pain before she left, but it had failed to give relief. She said the doctor was to meet her at the station and she was to have the operation in a few days. She seemed very grateful for the relief which my medicine had afforded; and I was sorry that she had to have what seemed to me an unnecessary operation."

Daniel Webster once said that he made it a point to learn something from every person he came in contact with. As for me, I have learned a good deal from this layman's experience with *ignatia*. I shall try to remember it when dealing with the sensitive, alert, nervous, apprehensive, rigid individ-

ual, one who suffers acutely in mind and body at the same time, is worse from drinking coffee, and has "colic pains, first griping, then stitching, in one or both sides of the abdomen." *Ignatia* produces a similar picture upon the healthy prover. I do not expect to give *ignatia* to every case that has been diagnosed appendicitis. Also I must devise a plan which will effectually and forever and without exception exclude from the patient's mind all knowledge of the name of the medicine given to him.

VI. Mr. ———, aged thirty-seven, with fair skin and auburn hair, had his first attack of appendicitis one year before we became acquainted with each other. Castor oil treatment relieved temporarily. He felt poorly afterwards, of course, and was advised to have the appendix removed. Old School physicians should not be blamed for giving such advice. They cannot cure the disease. From their point of view, operation is logical and imperative.

The second attack occurred a few months later. This time a homœopathist of good repute had the case in hand. He did better than his predecessor, of course, but the result was unsatisfactory; and the doctor, who is very handy with the knife, recommended an interval operation. I have observed similar incidents at the hands of men who like to cut; their judgments appeared to be clouded. Dread of the operation, procrastination, temporary expedients and hope at length brought the same physician and patient together at the third attack, which was less kind than the second one had been and culminated in an earnest demand for operation in the following interval. The patient squirmed. A mutual friend referred the patient to me; and then my influence became a factor in the case.

He was very "nervous," easily startled and irritated; feelings easily hurt; inclined to cry; oversensitive to light and noise; taking prescribed exercises for "nervousness;" frontal headaches; with throbbing, worse from stooping (palliated with bromo-seltzer). Deep cracks in tongue; abdomen con-



stantly uncomfortable; clothing must be loose around body. He was a coffee drinker and cigarette smoker. Believing it to be a good habit to lie upon the right side during sleep, has tried to do so, but unsuccessfully, on account of restlessness. Kept awake by fretting over affairs; sleepy but unable to sleep; can sleep while sitting in a chair. Skin dry. Palpation revealed a large and sensitive appendix.

What homœopathic physician, even though a novice, could fail to select *belladonna* for the symptoms recorded? He was given that medicine, in the two hundredth potency, morning and night. Tea, coffee and tobacco were prohibited. No medicine whatever, for any possible need, was allowed, outside the prescription. Satan's sly emissaries—tooth and mouth washes, mineral waters and soda fountain drugs—were dismissed with fervid anathemas. He returned to his distant home, taking with him a two-weeks' supply of medicine.

Six weeks later he wrote: "All my life my trouble has been to go to sleep after getting to bed. But if or when that happened and anything awakened me, I had no further trouble about going right to sleep again. Lately, however, the thing has slewed right about 180°; and I cannot do any reading evenings, sometimes don't even remember getting into bed. But at one or two o'clock I wake up and generally lie two or three hours before I loose myself again—and frequently do not close an eye for the rest of the night. This seems to be the only Jonah aboard my craft at present. Have not been conscious of my appendix for a long time."

Physician, old or young, tell me, is there any duty more incumbent or harder to perform than to leave the prescription unchanged when there is general improvement and the symptoms change? What a temptation in this case to meet that new modality as to sleep! Medicine unchanged, but tapered off.

Two months later he wrote: "I sleep like a young bear in January and feel like a fighting cock in July. I have not been



so well in twelve years." Discharged, cured. Some time afterwards I had an opportunity to look at his tongue. The cracks were gone. He has remained well.

In perusing this narrative, the practiced eye of the veteran Hahnemannian has seen and the attention of the young physician is called to the fact that the appendix was not singled out for treatment. It was my endeavor to "take" the whole case. My predecessor ought to have wrought the cure. How beautifully the case escaped the impending report of some knivesman, as another evidence of the folly of depending upon medicine, even homœopathic medicine, for appendicitis! The patient was not mutilated. His whole case, including the appendicitis, was cured.

VII. The following history is of a case seen with Dr. Guy B. Stearns, of New York. The subject was a girl of fourteen years of age who, on the fifth of March, 1903, was seized with "cramps in the lower abdomen, accompanied with fever and great mental irritability." Her mother, suspecting the beginning of menstruation, gave in succession *aconite*, *belladonna*, *pulsatilla* and Jamaica ginger (which was vomited), and applied a hot water bag. Notwithstanding these endeavors the patient grew worse, and professional aid was sought March eighth. Then the pulse was 104 and the temperature 101.4°, with restlessness. There were "paroxysms of pain in lower abdomen, which caused the patient to twist and turn;" sharp, cutting pains, relieved by heat and pressure; inclination to cough, which was suppressed on account of the pain which it produced in the abdomen; thirst for frequent, large draughts of cold water; white tongue, with red streak along the centre; heat in waves. She received *bryonia* thirtieth centesimal potency, followed, as the case developed, by *sulphur*, *calc. phos.* and *chamomilla*. In the next ten days the patient gradually grew worse and a tumor developed, which was "most prominent, sensitive and painful at McBurney's point." The rectus muscle was rigid. The area of pain, swelling and sensitive-

ness increased, with flatulence, tormina, diarrhœa and ischuria. Pulse at or about 120; temperature 101 to 101.4°. The family now concluded that the trouble had been brought on by violent over-exertion.

March eighteenth the doctor asked for counsel. In addition to evidence already given, we gathered the following symptoms: wringing her hands and crying, patient declared that she could not live any longer with the pain, which she described as "gas pain," saying that if she could only pass gas she would be relieved; bruised sensation in stomach; occasional sensation as though the intestines were gathered into a bunch and squeezed. The paroxysms of pain were longer than before, with shorter intermissions, relieved by discharge of gas or fæces. There was rumbling of gas upon subsidence of the paroxysm. With the pains there were sweat on head and hands, heat with desire to be fanned and, usually, thirst. There were constant desire for application to abdomen of hot water bag; abdomen sensitive to air; fearful of having the bed touched; diarrhœa, small discharge of offensive-smelling, greenish mucus, at times liquid and noisy; anus and adjacent region excoriated and red. Slight, general relief was experienced from rubbing the abdomen and, occasionally, by lying upon the right side and drawing up the right thigh. The tongue was red and dry in the centre, especially towards the tip, where there was a scalded sensation. Pulse 120, temperature 101.6°. She resented every word of cheer; struck her mother, although she must have her mother near.

Her mother was informed that the situation was serious; that the appendix was involved in an abscess, which should be evacuated. She replied, "I have recently lost three near relatives from appendicitis and operations. Each case was said to demand operation. In each case a favorable result was expected to follow the operation. Now I cannot consent to an operation upon my daughter. I believe in homœopathy and shall be grateful if you will prescribe to the best of your

ability. You shall not be blamed if there is a fatal termination."

*Carbo vegetabilis* is a prominent medicine in flatulent conditions. The provings of it show much of that character; but they do not mention appendicitis; nor has clinical experience with the remedy included appendicitis, so far as I know. The physician who rejects the law of similars and the "homœopathist, but" something else in practice (that is, no homœopathist at all) demand statistics: "How many cases of appendicitis has *carbo veg.* cured?" The Hahnemannian cares not; *carbo veg.* may never have been indicated before in a case of appendicitis and it may never be indicated again, but let us see if it is indicated by all the symptoms of this case. Turning to the record of provings, we find the following: "Very irritable, excitable and inclined to anger." "Pinching or pressive colic in lower abdomen." "Flatus collects here and there in abdomen, under short ribs, in hypogastric region, causing pinching and pressure, and very gradually passing down into rectum, with sensation of heat." "Abdomen distended, better from passing wind, upwards or downwards." "As pain decreases, gurgling begins in abdomen." "Fæces escape with flatus." "Even soft stool passed with difficulty." "Before stool much pressure with, at the same time, pressure on the bladder and in the back (frequent in women); at last with pains like labor and great straining, a soft stool is voided." "Tenesmus in rectum." "Soreness of anus." "Soreness, with itching and moisture of perinæum at night." "Desires to be fanned, must have more air." "Heat and sweat commingled." "Effects of over-lifting."

We gave *carbo veg.*, two hundredth centesimal, in water, every two hours when the patient was awake. Relief began to be felt almost immediately after taking the first dose. During the next five days great quantities of gas escaped; the hardness, swelling and sensitiveness were reduced; the paroxysms of pain occurred with less frequency, intensity and dura-

tion; a number of large, watery, offensive evacuations were followed by an occasional stool, sometimes formed; considerable sleep was gained; a little appetite returned. The temperature remained unchanged, with the pulse at 112. On the twenty-fourth of March, improvement having ceased, the potency of the medicine was raised, but without avail. The remedy had done its work. It had relieved pain and morbid conditions and fortified nature for the work yet to come, as no other medicine on earth could do. The abscess was obeying an inexorable law of its being, which required it to ulcerate to the nearest surface. Ah! where shall that surface be? What is the destination of the contained pus? The cavity of the abdomen? *Carbo veg.* had helped nature to build a very strong wall to prevent that catastrophe, if possible.

March twenty-sixth, the patient being worse, another consultation was held. The symptoms were as follows: Abdomen tympanitic, with sensation of pressure as from a hard body; spasmodic, constrictive pain, as from incarcerated flatulence; great rumbling, followed by escape of offensive flatus; stool putrid, flatulent, loose, corrosive, painless, with feeling of debility; discharge of mucus from rectum; desire to be fanned, but not hard, for it took away the breath; chill, beginning in legs. *Cinchona* has all these symptoms; is especially indicated after loss of fluids or depletion from severe illness; and follows *carbo veg.* well. We gave *cinchona*, two hundredth centesimal potency, in water every two hours, while the patient was awake. It helped temporarily and stopped; its work was done; the patient once more became worse.

April first, we met again. The excessive weariness and debility, the pinched, drawn face, with sensitiveness and pain in the region of the abscess, sharp pains with incarcerated flatulence, inability to lie upon the left side by reason of the dragging weight then felt, and the slight, constant internal chilliness, which was worse upon motion, with aggravation between one and seven A. M., admonished us that matters could

not continue as they were much longer, and at the same time directed our action. The symptoms and suppurative history agreeing, we pinned our faith to a single dose of *silica*, cm. [F.].

Early the next morning my colleague informed me by telephone that over a quart of pus had passed through the rectum and the patient was hungry. He added: "A most wonderful change has taken place in a short time."

April tenth, there yet remained a slight discharge.

August thirty-first. "She has not been so well in years as she is now."

Abscesses have opened and discharged their contents into the intestinal canal, followed by recovery, as is well-known, but such an occurrence is very uncommon; the great majority of abscesses involving the appendix, if uninterfered with, open and discharge into the cavity of the abdomen. It is my belief that some open-minded and thoughtful readers of the foregoing history will agree with me, that science and art enabled nature to modify and direct the morbid action to the best advantage and caused a favorable termination of the case.

These seven cases are fairly representative of their several types. Having Doctor Sneer in mind, I have cited only those that were diagnosed by others and myself. Case II has been inserted with a purpose. It was doing well under my administration; became at once and for a long time worse in consequence of operation; could not be helped by all the resources of old school; and now, under the law of cure, is restored to health.

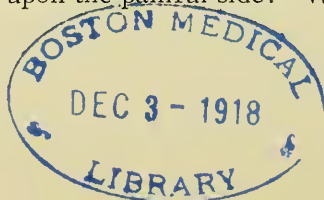
*Belladonna*, unaided, cured two of the seven. It also helped another. *Bryonia* alone cured two cases and was a factor in the third. Of the eight remedies named—*belladonna*, *bryonia*, *carbo veg.*, *cinchona*, *ignatia*, *mercurius*, *silica*, *sulphur*—some make no direct reference in the proving to the appendix, or its region. The pathological prescriber finds no ground to stand upon. Dependence upon locations, sensations, concomitant



symptoms and modalities did the business (and always may be depended upon). Not one of these eight medicines may be needed in the next one hundred cases to come. Each case must be studied by itself.

One allopathist—the most vociferous of all, perhaps, in his claims for appendectomy—has kindly published to the medical profession certificates of recovery with no bad feelings—all in consequence of operations at his hands. Apparently one case (Mrs. ———) escaped his notice or for some reason could not be enumerated. Her operation took place over six years ago, and she has not since been free from suffering in the ileo-cœcal region until recently, when she came under the influence of homœopathic medicine at my hands. The original case (as she recollects it) was this: Besides the appendicitis; sharp, cutting pain in the ileo-cœcal region, worse from motion and better from lying upon the painful side; constipation without desire for stool; stool large, hard and dry; thirst for cold water in large quantities; flushed and impatient. The remedy which she should have received then has, at my hands, cured her of the results of operation and all the symptoms of appendicitis. Of course, every junior student of homœopathy who has read the foregoing knows that the remedy is *bryonia*. Equally, of course, not one physician who is ignorant of homœopathy knows that *bryonia* is the remedy. But the history is yet incomplete. It remains to say that I find endocarditis and retroversion without adhesion. Whether they existed six years ago or not is unknown to me. The patient says that they did exist. They may have no bearing upon appendicitis or appendectomy; but let me emphasize the fact that of course the student just alluded to knows from the symptoms that *bryonia* should originally have helped these additional ailments (and the appendicitis), and is now helping them; and again, of course, no other physician has such knowledge.

Doctor Sneer, will you please tell me why those *bryonia* patients preferred to lie upon the painful side? Would you heed



such an indication? What has it to do with appendicitis, any way? You cannot tell. Nobody can. For the purposes of homœopathic therapeutics, such knowledge is unnecessary. Understand, however, that faithful recognition of just such strange facts in the provings of drugs upon the healthy, combined with equal integrity and skill in ascertaining the existence of like symptoms in the sick person and the application of the similar medicine to the case, produce our best results.

It ought to be, but is not, superfluous to remark in about every chapter that there is not—never will be—never can be—“a remedy for” appendicitis or any other malady that afflicts the human frame—not even scarlet fever. The great natural Law of Cure demands a medicine whose symptoms, produced upon the healthy, shall be similar to the total symptoms of the sick individual—the diagnostic symptoms being of the smallest importance among them. When that similar medicine has been found, *it is the remedy for that case having that disease by name.*

The most exacting task laid upon the homœopathic prescriber is to properly “take” the case. Hahnemann gives full instruction how to do this in Sections 83-99 of the Organon. That part of the work completed, the remedy is sometimes instantly apparent to one who is fairly well read in pure materia medica. Sometimes it is not apparent. The reader may be interested to know that in selecting the remedy for a case including appendicitis, I turn to Section 2 (Locations) of Stapf’s Bœnninghausen, to the following rubrics on pp. 64-65. The book has been enriched with clinical markings gathered from Bœnninghausen’s own book (the one he used), and from the copy Hering used. Thus emphasized, and with a slight readjustment and modification, the types exhibit the following names and their relative value:

SIDES OF THE ABDOMEN: A g a r., A l u m i n a, Ambra, Amm. c., Amm. mur., Anacar., A n g., Ant. cr., A r n., A r s e n., A s a f., A s a r., A u r., B a r y t., B e l l., B i s m.,

Borax, Bry., Calad., Calc., Camph., Can. sat., Cant h., Caps., Carbo an., CARBO v., Caust., Cham., Chel., CINCHONA, Cina, Clem., Coccu l., Coff., Colch., Coloc., Croc., Cycl., Dig., Dros., Dulc., Euphor., Fer. met., Graph., Guaiac., Helleb., Hep., Hyos., Ignat., Iod., Ipec., Kali c., Kreos., *Lauroc.*, Led., Lyc., Magnes. c., Magnes. m., Mang., Mar., Meny., Merc., Mez., Mosch., Mur. ac., *Natr. c.*, Natr. m., Nitr., *Nitr. ac.*, Nux mos., *Nux vom.*, Olean., Opium, Par., Petr., Phos., Plat., Plumb., Puls., Ran. b., Ran. sc., Rheum, Rhod., Rhust., Ruta, Sabad., Sabina., Samb., *Sarsap.*, Secale, Seneg., Sep., Sil., Spig., Spong., Stann., *Staph.*, Stront., *Sulph.*, TARA X., *Thuja*, Valer., Viola tri., Zinc.

LOWER ABDOMEN: Agar., Alumina, *Ambra*, Amm. c., Amm. m., Anac., Ang., Ant. cr., Ant. t., Arg., Arn., Ars., Asaf., Asar., *Aur.*, *Baryt.*, BELL., *Bism.*, Borax, Bov., BRY., Calad., Calc., Camph., Can. sat., Cant h., Caps., Carbo an., CARBO v., *Caust.*, Cham., Chel., *Cinchona*, Cicuta, Cina, Clem., Coccu l., Coff., Colch., *Colloc.*, Coni., Crocus, Cupr., *Cycl.*, Dig., Dros., Dulc., Euphor., Euphras., Fer. met., Graph., Guaiac., Helleb., Hepar, Hyos., *Ign.*, Iod., *Kali c.*, *Lauro.*, Led., Lyc., Magnes. c., Magnes. m., Mang., Mar., Menyan., *Merc.*, Mez., Mosch., *Natr. c.*, Natr. mur., Nitr., *Nitr. ac.*, Nux mos., *Nux vom.*, Oleand., Par., *Phos.*, Phos. a c., Plat., Plumb., Puls., RAN. BUL., Rheum, Rhod., Rhustox., *Ruta*, Sabad., Sabi., Samb., *Sarsap.*, SCILL., Seneg., SEP., SIL., *Spig.*, Spong., *Stann.*, *Staph.*, Stront., Sulph., Sulph. a c., Tarax., *Thuja*, Valer., *Veratr. al.*, Viola tri., Zinc.

The rubric CONGESTION OF BLOOD TO SINGLE PARTS, page 137 of the same Repertory, must come into the reckoning: ACON., Alum., *Ambra*, Amm. c., Amm. m., Ant. cr.,

*Arn.*, *Asa f.*, *Aur.*, *Bar.*, *BELL.*, *Borax*, *Bov.*, *Bry.*, *Calc.*, *Camph.*, *Can. sat.*, *Canth.*, *Carbo an.*, *Carbo v.*, *Caust.*, *Cham.*, *Chel.*, *CINCHONA*, *Clem.*, *Coccul.*, *Coff.*, *Coloc.*, *Coni.*, *Croc.*, *Cupr.*, *Cycl.*, *Dig.*, *Dulc.*, *FERMET.*, *Graph.*, *Guaiac.*, *Helleb.*, *Hep.*, *Hyosc.*, *Ign.*, *Iod.*, *Kalic.*, *Lach.*, *Laur.*, *Led.*, *Lyc.*, *Magn. c.*, *Magn. m.*, *Mang.*, *Merc.*, *Mez.*, *Mosch.*, *Natr. c.*, *Natr. mur.*, *Nitr.*, *Nitr. ac.*, *Nux mos.*, *NUX v.*, *Opium*, *Petr.*, *Phos.*, *Phosph. ac.*, *Plat.*, *Plumb.*, *PULS.*, *Ran. bul.*, *Rhod.*, *Rhus t.*, *Sabina*, *Samb.*, *Scill.*, *Secale*, *Senega*, *Sep.*, *Sil.*, *Spig.*, *Spong.*, *Staph.*, *Stram.*, *SULPH.*, *Sulph. ac.*, *Tarax.*, *Thuja*, *Valer.*, *Verat. al.*, *Viola od.*

## INDEX TO VALUES.

First or lowest,	(Ambra, in first rubric).
Second,	(Alumina, in first rubric).
Third,	(Canth. " " ).
Fourth,	(Coccul. " " ).
FIFTH,	(CARBO V. " " ).
SIXTH,	(TARAX. " " ).

If the remedy is not quickly apparent (after a sharp scrutiny of these rubrics supplemented by a consideration of the rest of the case)—which depends a good deal upon the extent of the physician's knowledge of materia medica—then it becomes necessary to consult additional rubrics. They will be found among Sensations, in Section 3 of the same repertory—burning, bursting, caustic, cracking, cramping, drawing, dull, falling, pinching, pressing, pulsating, swelling, trembling, turning, or other kind of sensation. In very difficult cases there must be added all the peculiarities of chill, fever and sweat, in Section 5; and modalities of time and circumstance in Section 6.

This work is not so formidable as it seems. It takes less time than to establish a difficult diagnosis of disease. By elimination one gets the number of remedial candidates reduced to a few. Then is the time to study the text of the materia medica,

not omitting important new remedies not yet represented in the repertory, that have a bearing upon the case, and make final selection of one best medicine. The veteran Hahnemannian will bear with this detailed statement, which has been asked for by younger men.

#### BRIEF INDICATIONS FOR MEDICINES.

*Belladonna.* Heat and distension; clawing, colicky pains in the ileo-cæcal region; inability to bear slight touch; lying upon the back with knees drawn up; paroxysms coming quickly, very intense, abating quickly.

*Bryonia.* Sharp, stitching pain. Worse from motion; better while lying upon the painful side. Thirsty.

*Carbo veg.* Patient irritable; flatulent; pinching and pressing in lower abdomen; abdomen distended, better from passing wind upward or downward; soreness, with itching and moisture of the perinæum at night; desire to be fanned.

*Chamomilla.* Patient cross, spiteful, flushed; thirsty.

*Cinchona.* Tympanitic abdomen; pressure as from a hard body; spasmodic, constrictive pain as from incarcerated flatulence. Precedes or follows *carbo veg.* well. Very useful after long illness or loss of fluids.

*Ignatia.* Colic pains, first griping, then stitching, in one or both sides of the abdomen. Alert, nervous, apprehensive, rigid, trembling patients, who suffer acutely in mind and body at the same time; made worse by drinking coffee.

*Lachesis.* Abdomen sensitive to touch; swelling in the ileo-cæcal region; painful stiffness from the sacrum down to the thighs; must lie upon the back with knees drawn up. Fever increases after three P. M. Patient worse after sleep.

*Lycopodium.* Spasmodic contraction in abdomen; incarcerated flatulence; pressure upward and downward with full feeling, rumbling, croaking, rattling.

*Mercurius vivus.* When lying on the right side, intestines feel bruised; abdomen tense, hard, swollen, sensitive; ileo-cæcal region painful.



*Silica.* Maturing abscess; chilliness; sensitiveness; pain; incarcerated flatulence.

*Sulphur.* Occasionally required by reason of hot vertex, cherry-red lips, eleven P. M. hunger, early morning diarrhœa, burning feet at night in bed, or other grand, general characteristics.

## HÆMORRHOIDS. PILES.

Whether internal or external, characterized by bleeding or otherwise, the pile is regarded by the allopathist as a purely local affection. He cuts, ligates, clamps, injects or salves it. His treatment is local. This is legitimate from his point of view. Fortunately, Nature does not submit without a struggle, and often sends another pile to replace the one that has been suppressed; but if the operator obliterates the pile and it does not recur, he does not realize that the last state of his patient is worse than the first. The consequent ailments of head and trunk are regarded as new and independent diseases. Suppression and metastasis are unthought of by him.

Diametrically opposed to this attitude is that taken by the homœopathist. He believes the pile to be the local manifestation of a faulty portal circulation or other constitutional sickness. He believes that any attempt to obliterate the pile by local measures would be resented by Nature, who would attempt to re-establish the pile; or, if unsuccessful in this, would suffer the suppression and set up a metastasis of the trouble to a more vital part. He does not operate upon the pile, which is a symptom; nor medicate it locally with a salve, which would tend to suppress important sensations; but he does prescribe medicine, to be given internally, calculated and intended to meet the entire case according to the law of cure.

### INDICATIONS FOR MEDICINES.

*Acetic acid.* Profuse hæmorrhoidal bleeding; hæmorrhage from bowels after checked metrorrhagia.

*Aconitum.* Bleeding piles; stinging and pressure in the anus; abdomen feels full, with tensive, pressive and colicky pains; bruised feeling in back and sacrum.

*Æsculus hip.* Protruding, purple piles; sensation as if sticks were in the rectum; fulness and bearing down; aching and lameness in back.

*Aloes.* Hæmorrhoids protrude like grapes; hot and sore, relieved by cold water; flatus with fæces. *Aloes* follows *sulphur* well to which it is complementary.

*Alumina.* Piles worse in the evening; better after night's rest; clots of blood escape from the anus; fæces hard and knotty like sheep's dung, with cutting in anus followed by blood.

*Ammonium carb.* Protrusion of hæmorrhoids after stool, with long lasting pains; cannot walk. Hæmorrhoids protrude, independent of stool. Burning at anus prevents sleep; must rise from bed on account of this and tenesmus. Itching at anus.

*Ammonium mur.* Hæmorrhoids after suppressed leucorrhœa, sore and smarting. Hard, crumbling stools, requiring effort to expel them.

*Antimonium crud.* Copious, hæmorrhoidal bleeding from bowels, with solid fæces. Mucous piles, pricking, burning, staining yellow; sometimes ichor oozes.

*Arsenicum.* Hæmorrhoids with stitching pain when walking or sitting, not at stool; burning pain relieved by heat.

*Aurum met.* Piles with rectal catarrh; external piles bleed during stool. Hard, knotty or large fæces.

*Berberis.* Hæmorrhoids, with itching and burning, particularly after stool, which frequently is hard and covered with blood.

*Calcarea ost.* Hæmorrhoids protruding, painful when walking, better when sitting, cause pain during stool; bleed profusely.

*Calcarea phos.* Protruding piles aching, itching and sore; oozing of a yellow fluid.

*Capsicum.* Hæmorrhoids; burning, swollen, itching, throbbing; with sore feeling in anus; bleeding or blind, with mucous discharge. Fat people easily exhausted.

*Carbo veg.* Protruding piles, blue, even suppurating, offensive, swelling; burning in the rectum; oozing of humor from rectum; flatulence; congestion of the head and nose bleed; from high living.

*Causticum.* Large, painful, stinging piles; burning when touched, hindering stool; worse from walking, when thinking of them.

*Chamomilla.* Hæmorrhoids; blind; painful, bleeding, burning.

*Ferrum met.* Piles, copious bleeding or ichorous oozing; tearing pains, with itching and gnawing.

*Graphites.* Hæmorrhoids, with pain on sitting down, or on taking a wide step, as if split with a knife, also violent itching, and very sore to touch.

*Hamamelis.* Piles bleeding profusely; with burning soreness, fulness and weight; back as if it would break; urging to stool.

*Kali carb.* Piles protrude during micturition; blood, then white mucus escapes.

*Lachesis.* Piles protruding or strangulated, or, with stitches upward at each cough or sneeze, worse at climaxis, or with drunkards.

*Lycopodium.* Piles protrude; painful when sitting.

*Mercurius vivus.* Bleeding, suppurating piles; hæmorrhages after micturition.

*Muriatic acid.* Piles, suddenly, in children; protruding, reddish-blue, burning; too sore to bear least touch.

*Natrum mur.* Hæmorrhoids, with stinging pains; moisture oozes from the anus; herpetic eruption about the anus.

*Nitric acid.* Long-lasting, cutting pain in rectum after loose passage, with hæmorrhoids; old, pendulous piles, which have ceased to bleed, but pain when touched, worse in warm weather; slimy, fissured; bleed after every stool.

*Nux vomica.* Blind or flowing hæmorrhoids; abdominal plethora; congestion to the head; constipation with ineffectual urging; after purgative medicines and external and internal allopathic treatment; in persons of sedentary habits, or addicted to the use of coffee, wine, liquors, spices, etc.

*Petroleum.* Piles and fissures of the anus; great itching; scurf on borders of anus.

*Phosphorus.* Piles bleed freely.

*Phosphoric acid.* Hæmorrhoids bleed with intolerable pain when sitting.

*Phytolacca.* Bleeding piles, with fissure of the rectum.

*Podophyllum.* Piles, with prolapsus ani and long-standing diarrhœa, worse mornings; or constipation.

*Pulsatilla.* Painful, protruding piles, with smarting and soreness. A remedy frequently needed, but overlooked by those who do not take all the symptoms of the case.

*Rhus tox.* Sore, blind hæmorrhoids; protruding after stool, with pressing in the rectum, as if everything would come out.

*Silica.* Inflammation and suppuration of the hæmorrhoidal tumors.

*Staphisagria.* Piles, with enlarged prostate; intense pain in the back and through the whole pelvis.

*Sulphur.* Hæmorrhoids, blind, or flowing dark blood, with violent bearing down pains from small of back toward the anus; suppressed hæmorrhoids, with colic, palpitation, congestion to lungs; back feels stiff as if bruised. This great antipsoric medicine is often needed at the beginning of a case and may be the only medicine required.

*Sulphuric acid.* Hæmorrhoids feel damp, painful to touch, itch violently. Stools cause violent burning, stinging, tearing pains, or the tumors prevent passage.

*Thuja.* The piles are painful when touched ever so slightly; sycosis.

Inspection of the foregoing indications shows that the medi-

cines may be grouped, for further examination and closer study, as follows:

*Internal Piles.* Acetic ac., Acon., Æscul., Alum., Ant. crud., Berb., Cham., Hamam., Kali carb., Nux v., Phos., Phos. ac., Rhus tox., Staph., Sulph.

*External Piles.* Æscul., Aloes, Alum., Ammon. carb., Ammon. mur., Aurum, Berb., Calc. ost., Calc. phos., Caps., Carb. v., Caust., Graph., Natr. mur., Nitr. ac., Nux v., Petr., Podo., Puls., Sil., Sulph., Sulph. ac., Thuja.

*Bleeding Piles.* Acetic acid, Acon., Alum., Ant. crud., Berb., Calc. ost., Caps., Cham., Fer. met., Hamam., Kali c., Merc. v., Nit. ac., Nux v., Phos., Phos. ac., Phyt., Sulph.

#### ILLUSTRATIVE CASES FROM PRACTICE.

Case I. Hering demonstrated to me, then a student of medicine in Philadelphia, the kind of case of piles that needs *aloes*. A bunch of external hæmorrhoids, which caused bearing down in the rectum and itching and burning in the anus, had been ameliorated with *sulphur*. A dose of *aloes*, five hundredth, given by Dr. Hering, produced an aggravation followed by a permanent cure.

Case II. A tall, scrawny, dark complexioned woman had been for twenty years a victim of constipation, piles, doctors and drugs. During this whole period she had not had an unaided passage. The constipation was characterized by frequent, ineffectual urging to stool. The piles were internal, sometimes external. *Nux vomica*, two hundredth, cured the case.

Case III. A middle-aged commercial traveller had long been pestered with sore, smarting, protruding piles. These additional symptoms were found: yellow, naso-pharyngeal catarrh, which had received local medication at the hands of various physicians. Just in proportion as the catarrh was thus lessened, the hearing became affected. I gave a single dose of *pulsatilla* c.m. (Fincke), and stopped all other treatment. The



hearing was re-established, the catarrh ceased and the piles were cured without further medication.

Case IV. A tall, large man, the president of a railroad corporation, did mighty work with his brain, but took almost no physical exercise. The result was internal bleeding hæmorrhoids, which kept him anæmic, pale and weak. Questioning elicited the following symptoms: violent bearing down pains in small of the back toward the anus; fæces and urine caused burning when voided; anus swollen with sore, stitching pain. *Sulphur*, two hundredth, ameliorated the case. Later the same remedy, c.m. potency (Fincke), effected a cure.

## OBSTRUCTION AT THE SIGMOID FLEXURE OF THE COLON.

The subject of this sketch was a woman aged fifty-four, of medium size, and weighing two hundred and ninety pounds. For two weeks just previous to the obstruction she had been subjected to unusual stress in the care of an infant twenty months old, ending with sweeping, turning mattresses and making beds.

On a Monday evening she began to feel distress in the left side of the pelvis, which rapidly grew worse, with nausea and sour vomiting. Neither fæces nor flatus escaped. I saw her at five A. M. Tuesday. She could not find ease in any position; but lying upon the back was the most tolerable; and her suffering was acute. She guided my finger to a spot about the size of a half dollar, situated about three inches from the anterior superior spinous process of the ilium, on a line running parallel with Poupart's ligament. I did not detect any tumor. The part was exquisitely sensitive and sore; but the entire flat hand placed upon the region, with a drawing upward motion and pressure, gave relief. After continuing the pressure for about five minutes, a little flatus escaped. Instantly the nausea

was relieved; but it returned as soon as the hand was removed. Under the influence of medicine, improvement soon began. Synchronously with the foregoing symptoms, there was a dull pain in the occiput, a fiery red face and great thirst for cold water. The pulse was not excited; and the temperature was raised half a degree only. More gas escaped and improvement advanced. Broth was immediately rejected. Unchilled water was drank copiously and gave no distress. In the evening, she was able to retain scalded milk.

Wednesday morning, two bits of soft fæces, each about two and a half inches long, half an inch wide and very thin, were passed. With a pillow under her back and the left knee drawn up, she was fairly comfortable when quiet.

Thursday morning she passed a copious stool, in numerous sections. Improvement was interrupted, shortly afterwards, when, in disobedience of instructions, she drank a cup of coffee. Pandora's box of symptoms was opened. Thirst ceased; she vomited everything but cold milk; had a red triangle at the tip of a coated tongue; was restless; frequently changed position; felt numbness and pain in right arm and leg from lying on the right side; frequently stretched; and slept fitfully. I did not interfere with the medicine until Friday morning, hoping against hope that our favorable reaction was not altogether destroyed. But the hope was in vain. Therefore, I gave a single dose of *rhus toxicodendron*, Fincke's c.m. potency.

Sunday. This morning she had a free, natural movement without pain.

There was no surgical interference. I had promised myself to use the syringe if the medicine did not restore function. Fortunately the unaided medicine did cure speedily, as we have seen.

What medicine was given? And why was it given?

Consideration of the jaded condition which invited the attack, the inability to lie upon the left (painful) side, the relief

gained from firm, supporting pressure, the nausea and sour vomiting and the occipital headache led me to select *nux vomica*. It is my custom, in acute cases, to give this medicine in the two hundredth potency, every few minutes, until relief comes; but I remember former experiences with this patient, when *nux vomica* had been indicated. The aggravation which had followed the administration of the two hundredth potency was great; and the patient had exclaimed: "You have given me *nux vomica*! Don't ever give it to me again!" By the process of trial and exclusion of the different offending potencies, I had found that *nux vomica*, in Fincke's c. m. potency, a dose upon the tongue and no more, would, when the medicine was indicated, cure safely, speedily and easily. In this instance, therefore, a dose of Fincke's c.m. potency of *nux vomica* was put upon the tongue; and that was all, until coffee changed the scene.

### HERNIA.

Homœopathy, unaided, in my experience has generally triumphed over the inguinal herniæ of infancy and childhood. The exceptional case has required additional help from a truss. Scoffers are hereby challenged to make the clinical test in a series of cases and report the result in each and every case. The best of care shall be taken of each test patient to avoid coughing, straining at stool and the like. All the symptoms of each case, the locations, sensations, concomitants, and the eloquent actions of little folk and the name, strength and frequency of each medication must be stated in the report. The great majority of these lesions have yielded to *calcareæ ostrearum*. *Nux vomica* has come next in frequency. I merely state facts, and shall be sorry if, in consequence, a lazy or weak brother is encouraged to do routine work.

The umbilical hernia has not been quite so tractable as the inguinal has. Some form of restraint, in addition to the simi-

lar remedy, has been demanded by a minority of cases. In 1873, Dr. William H. Krause, of New York, called my attention to his device which, in my hands, has proved to be as useful as it is simple. He approximates the sides of the abdomen with one hand, and with the other reduces the hernia and fixes the position by means of a strip of adhesive plaster, two inches wide and long enough to half encircle the body. The only objection to the plaster is that it irritates a sensitive skin, and, therefore, cannot be borne by every case which needs mechanical assistance. *Calcarea ost.* has been the most useful medicine, and next after it *nux vomica*. The well selected remedy, whether named above or not, has done more effectual work than any restraining apparatus.

In youth and adult life a truss is indicated. With great care and fidelity the homœopathic remedy should be given. Therein lie comfort, safety and occasional emancipation.

These three cases were observed by a colleague in his family:

Case I. The wife's mother, a large, robust, active person, had, at the age of forty, a right inguinal hernia as large as two fists. It was reduced with difficulty. She never wore a truss. A dose of *nux vomica*, thirtieth centesimal potency, every week, cured the hernia in eight months. There was no recurrence during the remainder of a long life.

Case II. The wife had a right inguinal hernia at the age of fifteen, brought on by much pumping of water. At twenty-one she married. She wore no truss. She took a dose of *nux vomica* thirtieth, every week. In six months she was cured. That was thirty-one years ago. There has been no recurrence.

Case III. Pertussis and rope-jumping produced a right inguinal hernia in the daughter at the age of seven. She wore a truss. Every week a dose of *nux vomica* thirtieth was given to her. In six months the hernia was cured. It has not reappeared in the twenty-three years which have since elapsed. She is now the wife of one of my colleagues.

The following case of irreducible hernia made reducible and

reduced (Trans. I. H. A., 1888) entered the New York College and Hospital for Women, May 11th, 1888: Age, 39. Fourteen years previous she first noticed a swelling in the left inguinal region, which proved to be a hernia. She thought it was produced by labor or a fall over a chair. For twelve years she kept it reduced by wearing a truss, but the truss was ill-fitting and caused annoyance and allowed the tumor to enlarge; so she stopped wearing it. Soon she could not reduce the rupture, and it remained unreduced. Its size kept increasing until it became that rare affection known as inguino-labial hernia. She suffered inconvenience from the bulk of the tumor, especially in the left labium, which was as large as my fist.

The visiting staff and students being present, the patient was put in a state of complete anæsthesia with ether, and efforts at reduction by taxis, position and the like were pushed to their utmost justifiable extent. I succeeded in getting the intestine back, but the omentum had formed adhesions so strong that they could not be overcome at the time. Therefore, we established a regular siege against the adhesions. Gross says that he has seldom been able to secure the active co-operation of his patients in his endeavors to overcome such adhesions more than six or eight weeks, and when he cannot achieve success in that time, which is the rule, he lets them go.

I placed a strip of surgeon's adhesive plaster about one inch wide around the neck of the sac, to prevent dilation at that point, and then firmly compressing the tumor, fixed it in this constrained position with more strips of plaster. A compress and bandage completed the toilet. *Nux vomica* two hundredth, in water, one teaspoonful every two hours, was ordered given until all effects of ether should disappear and then stop. She took this remedy about forty-eight hours.

May 14. Patient felt well, tumor a trifle smaller. New dressings applied, and she was instructed to practice taxis upon



herself many times a day, as she had been accustomed to do long before.

This plan was followed steadily. We found it necessary to apply new dressings every second day, in consequence of the reduced size of the hernia. May 25th, nothing remained but a hint of a tumor in the canal, so that was treated with a compress and bandage only. May 29th, the canal was patent.

Skillful manipulation combined with the similar medicine, that is, homœopathy in surgery, had achieved a notable success.

The radical cure of an old inguinal hernia in the male subject may be a complex affair. The location and size of the opening and the size, character and relations of the tumor need to be considered. These and other factors may be influenced by the occupation or will of the patient. Every operation thus far devised puts some part into an unnatural place and triumphs, temporarily and perhaps permanently, over the hernia, at the cost of more or less inconvenience and sometimes injury to important parts. Choice of method of cure rests with the surgeon who is responsible for the individual case. He may remember that the timid or stubborn (or reasonable) patient who declines the knife sometimes prospers greatly under injections of quercus albus or alcohol or other agent. I have found it so in cases where the canal was not excessively large. The method is out of fashion. Is it unfair to ask my disappointed neighbor if he is sure of his sense of touch, of his mastery of needle-point and piston and of all details of technique and if he is reasonably persistent? It is important to add that all the endeavors alluded to in this paragraph are, in my estimation, fructified by the never-to-be-omitted similar medicine. It is as important as all else.

The danger attending strangulation is partially compensated. The similar remedy sometimes makes reduction possible without operation. If then a suitable truss be worn and the similar medicine be taken internally, nature is prone to set up just

enough inflammation to effect a cure. If herniotomy be imperative graver danger exists, but this will be reduced to a minimum by homœopathy and asepsis; and the attendant inflammation is pretty sure to accomplish a radical cure of the hernia. I feel more confidence in this than in all other operative procedures which may be undertaken for the radical cure of hernia. To illustrate:

Case I. In 1903 I performed herniotomy upon a strangulated right direct inguinal enterocele in a young man. Adhesions prolonged the session; but they were conquered; and perfect reduction was accomplished. It ought to be—but is not—superfluous to say that ice and antisepsis were excluded from the case and that homœopathy and asepsis were included. Before the wound was closed *calendula* and water were applied to it. Potentized *arnica* was afterward given internally. The route by which the gut had descended became closed by means of plastic deposition; and the spermatic cord and all other component parts remained in the relative positions which nature had given to them and intended to have them keep. The cure was complete and permanent.

Case II. With Dr. William H. Krause, I performed herniotomy upon a strangulated left femoral entero-epiplocele in a middle-aged woman. It was at night. There were no facilities. With rare magnanimity an old school surgeon reflected light from a flambeau of candles into the wound by means of a laryngoscopic mirror. Before reduction could be accomplished the constriction had to be divided three-eighths of an inch, by estimation, the sense of touch in the left index finger enabling the knife to avoid the artery. No mortification could be found. After reduction the wound was bathed with *calendula* and water before it was sewed, the drug being similar to clean cuts. Ice and antisepsis were excluded. The patient took potentized *nux vomica* to antidote the ether; followed the next day by potentized *arnica*, it being similar to the bruising which the tissues had sustained. Inflammatory

adhesions effected a radical cure, which endured until the woman's death, about ten years afterwards.

James Hennessy, aged twenty-five, was admitted to the Homœopathic Hospital, Ward's Island, January twelfth, 1881. Snap diagnosis for admission, rheumatism. Hospital diagnosis, left inguinal hernia. It had existed fourteen years. A number of times before this he had experienced difficulty in reducing it, but had eventually succeeded. This time he had failed. The case not seeming urgent at first, he received conservative treatment in a medical ward, where one of his eyes was under observation. The hernia remained unreduced. It became congested. Stercoraceous vomiting came on. Doctors Conlyn and Van Lennep tried taxis under anæsthesia without avail. The patient reached the operating table January nineteenth. I found it necessary to incise more constricting fibres and deeper than is usual. The intestine bore inspection well; and was returned to the cavity of the abdomen. The wound was bathed with one part of *calendula* to twenty parts of water; and the edges coaptated with gut sutures. Potentized *arnica* was given internally.

The operation was borne well. On the fourth day local inflammation caused a few sutures to give out. These were renewed. Temperature 101 (F.); quick, full pulse; erythema of thigh; inability to sleep; and agglutinated lids led me to give *belladonna* two hundredth. The next day profuse sweat; loose, offensive stools; high-colored urine; yellowish-white tongue; and constant thirst, with vomiting after drinking, influenced the house surgeon to prescribe *arsenicum album*, third. On the tenth day he was but little if any better. The burning rectum and constant inclination to stool caused me to give *mercurius dulcis*, thirtieth. The symptoms soon began to abate and convalescence was uninterrupted. The inguinal canal was closed. The eye alone gave trouble. That received attention in another ward. Patient discharged, cured, April twenty-sixth, 1881.

The medical mind has lately directed much thought to the problem of getting help from plastic deposits. We have seen what they accomplish when properly ruled and directed.

#### INDICATIONS FOR MEDICINES.

*Aconitum nap.* Recent and small; also incarcerated, with bilious vomiting and cold sweat; burning as from coals of fire.

*Arsenicum album.* Tumor dark red or livid; great restlessness; prostration and thirst.

*Aurum metallicum.* Testes slow in descending. Inguinal and umbilical herniæ in children, from crying.

*Calcarea ost.* All forms of hernia. Frequently needed by children, especially by fat subjects having tumid abdomen, perspiration on face and neck and cold, wet feet. The two hundredth centesimal potency, given four times a day, works beautifully in children. In youth, a dose every day may be termed frequent. The adult patient should receive a single dose, only, much higher than the two hundredth potency.

*Carbo veg.* Meteorism and flatulence; offensive stools; anxiety; uneasiness.

*Cinchona.* Strangulated hernia; gut black at operation.

*Cocculus Ind.* "When the protrusion takes place very slowly, as from a paralytic state of the abdominal ring." (Raue.)

*Colocynthis.* Pain in groin, as from hernia; under pressure, sensation as if hernia receded. Abdomen distended and painful; relieved by hard pressure while bending body forward.

*Guaiacum.* Pinching in abdomen, receding towards rectum until discharge of flatus occurs. Inguinal hernia.

*Ipecacuanha.* Inguinal hernia; readily reducible or strangulated. Constant nausea is a *sine qua non* for this medicine.

*Lachesis.* Must have clothing loosened; burning; distention; sensation as from the pressure of a stone.

*Lycopodium clav.* Hernia, right side; crural hernia in

women; lacerating, stitching pains; distention of abdomen with rumbling of gas. (Compare with *nux moschata*.)

*Millefolium*. Violent colic. Incarcerated hernia.

*Muriatic acid*. Abdomen distended by little food. Colicky griping. Hernia. The concomitant symptoms are important.

*Nitric acid*. Abdomen distended with flatulence, very tender. Cutting, pinching, worse in the morning in bed. Pain in abdomen when walking; must bend forward. Stinging soreness when touched. Umbilical and inguinal herniæ in children and adults.

*Nux moschata*. Umbilical hernia, especially in children; dry mucous surfaces, abdominal distention and great sleepiness. (Compare with *lyc*.)

*Nux vomica*. "Sudden violent pain in hernial region; drawing and tearing, and spasmodic constriction in the abdomen, with nausea, vomiting of sour mucus; constipation with ineffectual urging to stool; or, similar to *coccul*., slow protrusion in aged persons, with squeezing pain in hernial region, fullness in abdomen, periodical nausea; tumor not very sensitive, is soft and doughy; later come pinching and griping in abdomen, periodical nausea, gulping of salty and bitter water, vomiting, etc. *Nux vomica* is frequently indicated, especially if errors in diet have preceded; if it fails, *coccul*. follows well." (Raue.) "Strangulated, umbilical hernia." (Guiding Symptoms.) A very important remedy. I have succeeded with it, even after the occurrence of stercoraceous vomiting.

*Opium*. Incarcerated, umbilical and inguinal herniæ. Soporous condition; red face; distended abdomen with flatus; anti-peristaltic motion, belching and vomiting, bowels absolutely closed, with urging to stool and urine.

*Plumbum*. Strangulated femoral hernia, left side; severe pain; continual vomiting of feculent matter. Strangulated scrotal hernia, right side.

*Rhus tox*. Hernia caused by heavy straining or lifting. A neglected remedy.



*Silica.* Hard, hot distended abdomen. Rumbling, shifting or incarcerated flatulence; difficult to discharge; with constipation; flatus smelling like wet brass. Painful, inguinal hernia.

*Sulphuric acid.* Colic, with sensation as if hernia would protrude. Inguinal hernia. Incarcerated hernia in old people, coming on in a very gradual manner; pinched, constricted feeling in hernia; sensation of fullness in abdomen; periodical nausea and constipation; hernia not very sensitive; incarcerated part not very hard or tense, but has a doughy feel; incarceration may last for days without symptoms growing severe; gradual accumulation of flatus, pinching in abdomen, periodical, transient, tearing pains, constant nausea, belching of sweet, salty or bitter fluid, finally vomiting; hernia on left side; melancholic-phlegmatic temperament. Boëninghausen considered this one of the most important remedies in inguinal hernia.

*Tabacum.* "Strangulated hernia; nausea, deathly faintness, cold; cold sweat; vomiting; sudden cerebral hyperæmia." (Guiding Symptoms.) I have never given this medicine in a case of hernia; but an eclectic physician of my acquaintance gave an enema of a decoction of tobacco to a robust, muscular man suffering with strangulated hernia, after taxis had failed and while preparations were making for herniotomy. The patient then became relaxed to an alarming extent; the doctor had him inverted and held up by the feet. The hernia was then reduced by taxis. The patient recovered. The knife had been cheated. It was allopathic and hazardous practice. *Tabacum* would be indicated homœopathically in the presence of symptoms, occurring naturally, similar to those which the doctor created. Then the potentized medicine would act without producing an aggravation.

*Veratrum album.* Incarcerated hernia, not inflamed; cough impulse; antiperistaltic action; great thirst, nausea, hiccough; cold sweat.

*Zincum met.* Inguinal hernia. Painful pressing in left.

groin, as if hernia would occur. Jerking in right inguinal region. Drawing pain in left inguinal region while sitting. Hernia presses downward forcibly.

### FISSURA ANI.

I have cured numerous cases of fissure of the anus with the homœopathic remedy unaided by local interference. That fact is evidence enough to convince me that the fissure is the result and expression of a constitutional ailment and not a traumatism. Consequently, lotions, salves and mechanical interference are contra-indicated. The case is one demanding a careful prescription for all the symptoms.

#### INDICATIONS FOR MEDICINES.

*Causticum.* Pains worse when walking. Pulsations in perinæum. Frequent, sudden, penetrating, pressive pain in rectum. Stool passes better standing.

*Graphites.* Severe, cutting pain during stool, followed by constriction and aching for several hours, worse at night.

*Gratiola.* Tearing in rectum, or prickling in anus.

*Mezereum.* After stool: chill; sensitiveness to cold; weakness; constriction with tenesmus; pain in fissure.

*Natrum mur.* After stool: fissures bleed, smart and burn.

*Nitric acid.* Tearing, spasmodic pains during stool; lancinating, even after soft stool.

*Petroleum.* Piles and fissures; great itching; scurf on borders of anus.

*Phosphorus.* Stitching; stinging; biting; itching.

*Plumbum.* Anus feels as if drawn upward.

*Ratanhia.* Excruciating pain after costive passage; rectum very sensitive.

*Rhus tox.* Fissure, with periodical, profuse, bleeding piles.

*Sepia.* Pain in the rectum on going to stool, persists a long time after sitting down, and finally an imperfect stool is voided with sore, smarting pain, weight in anus, like a constant drag.

*Silica.* Great pain half an hour after stool, lasting several hours. Fissura ani and fistula in ano.

*Sulphur.* Lancinating pain from anus upward, especially after stool. *Sulphur* has numerous symptoms of itching, soreness, moisture and bleeding from the anus, which may or may not accompany the fissure. The grand, general characteristics, when found, are the surest indications for this medicine.

*Thuja.* Hæmorrhoids: during stool pains are so great she has to desist;—burning violently while walking;—sensitive to touch;—often warts.

### FISTULA IN ANO.

My experience convinces me that the malady is generally the outward and visible expression of a constitutional disease. This is eminently true of the “blind” fistula. When a case of either “blind” or complete fistula is cured by internal, homœopathic medicine alone the results are most satisfactory and far-reaching.

#### INDICATIONS FOR MEDICINES.

*Berberis vulg.* Fistula in ano, with itching there; short cough and chest complaints. Soreness in the anus, with burning; pain when touched, and great sensitiveness when sitting.

*Calcarea phos.* Small furuncle near anus, to the right, with much pain; cannot sit; has to stand, or lie on left side; discharges blood or pus, and remains a painless fistula. Fistula in ano, alternating with chest symptoms.

*Silica.* Fistula in ano; also with chest symptoms. Sharp stitches in rectum when walking.

*Sulphur.* Lancinating pain from the anus upward, especially after stool. Pulsating pain in the anus, all day. Anus swollen, with sore, stitching pains. The characteristic symptoms of *sulphur* are of the greatest importance, when found in the case.

This small list by no means exhausts the possibilities. Any medicine is indicated, when its symptoms tally with those of the case.

I am indebted to Dr. J. Richey Horner, who was house surgeon of the Homœopathic Hospital, Ward's Island, at the time, for the following history of a case seen in the institution:

"J. F., male; aged forty years; admitted to the hospital under a diagnosis of 'Fistula in Ano.' The history of the patient shows that he has had a fistula for six years, during which time he has been operated upon no less than five times, with the radical cure as an object. On examination I found an internal blind fistula, from which there was a discharge of thick, yellow pus, quite profuse and accompanied by a burning sensation at the anus. This condition, he said, had continued for months without yielding to the treatment he had received. This has been medical (allopathic) and surgical, and by some of the best physicians in New York.

"Prof. E. Carleton, at the time the visiting surgeon, prescribed *berberis vulgaris* 30, t. i. d. During the first week of treatment no improvement was noticed, but at the expiration of that time the discharge began perceptibly to diminish, though still retaining its characteristic as before mentioned. With the diminution of the discharge a rash appeared on the body. This eruption was not confined to any particular locality, was of a stinging, burning character, and worse at night. *Sulphur* 30, a dose each evening, relieved this. On the 8th of September the patient was discharged cured, the closest examination failing to discover any discharge from the rectum."

A number of years ago I read before the Central New York Homœopathic Medical Society the history of the cure of a difficult and complicated case of fistula, in the person of an eminent alienist. *Berberis*, followed by *sulphur*, were the principal medicines used. The patient became robust and stout; and a hint of the previous chest trouble entirely disappeared.

I have recently cured a case of external blind fistula in ano

three inches in length, which had existed eight months on the left side with additional symptoms on the right side; painless; discharge profuse, yellowish-green, thin. The patient was a man fifty years of age and over a year was required to complete the work. His additional symptoms were as follows: worriment; poor appetite; tickling in throat, the remnant of suppressed nasopharyngeal catarrh; occasional night sweats; sight filmy at times; bleeding piles. Examination of the urine revealed urates in excess, uric acid, pigments and phosphates very high and oxaluria. He received four doses of *sulphur* cm. [F.], each dose being allowed to do its work before repetition.

#### SEA SICKNESS. COACH SICKNESS. CAR SICKNESS.

I offer no theory as to the nature of this malady. It is produced by the motion of ship, car or carriage. Strong digestion, moderation in eating and drinking, the recumbent posture, and fresh air on deck may enable one to escape an attack. Calmness of mind, vigorous exercise of the will, and motions of the body in rhythm with (though sometimes opposite to) those of the boat are desirable. If contemplating a voyage, it is best to make sure of good health before starting.

So far as homœopathic treatment is concerned, hypothesis cannot help. The indicated medicine cures, regardless of all views of pathology. There is no "remedy for sea sickness." There can be none, any more than one pair of shoes can fit all feet. But many sick persons have been and many more may be cured by individualizing cases and prescribing the similar medicine, in each instance. Eating, and all that sort of thing so frequently recommended, are apt to bring disappointment. Of course, there are individual exceptions to this rule, sometimes in favor of extra dry ginger ale, or champagne. (See coffee below.)



The following remedies (with a few specified exceptions) have been found very useful among my patients. A few pellets of the carefully selected medicine, in potency, on the tongue, cause no aggravation and are speedily effective. It is sometimes necessary to repeat the dose a few times, at short intervals.

#### SPECIAL INDICATIONS.

*Borax.* This drug has been admitted to the list because of its *dread of downward motion*. If hiccough, nausea, vomiting, and *pain in stomach extending through to back*, are also observed, *borax* should help. I have had no experience with it in this malady.

*Bryonia.* A much neglected remedy, extremely useful in my practice. Patient must lie perfectly quiet. He can hardly summon resolution enough to think of the medicine and to reach for it, or even to roll his eyes in its direction seems impossible and the attempt causes aggravation. The *least motion*, especially *sitting up*, causes nausea and faintness. [Compare *tabacum*.]

*Cocculus.* This remedy has probably been employed more than all others—sometimes inaptly. Vertigo, worse when rising, with nausea, and colic in the upper part of the abdomen. Nausea, which *extends to the head*, with faintness, vomiting and *flow of saliva*. “Nausea and vomiting when riding in a carriage” [see *petroleum*] “or getting cold.” “Nausea, with sensation as if stomach heaved up and down, from looking at pitching of vessel. Nausea while riding in boat, carriage, cars.” (Hering.)

*Coffea cruda.* In Hering’s Guiding Symptoms are found these indications:—continual sickness at stomach with headache; *constant inclination to vomit, felt in throat; vomiting of mucus with violent attacks of migrain*. Hahnemann’s great classic, entitled “*On the Effects of Coffee*. From Original Observations,” published in Leipsic, 1803, and reproduced in

his Lesser Writings, speaks of "the excellent palliative employment of coffee in diseases that come on rapidly and require speedy relief; sea-sickness, poisoning by opium in those unaccustomed to the use of coffee, poisoning by veratrum album, the apparent death of drowned, suffocated, but especially of frozen people, as I have frequently had the satisfaction of witnessing." I have had no experience with it, in the cure of sea-sick people, but am watching for the opportunity.

*Ipecacuanha.* Constant nausea; retching, vomiting; indescribable sick feeling in stomach; *cutting, gripping in abdomen.*

*Petroleum.* Nausea, and vomiting in stomach. Nausea from riding in carriage.

*Pulsatilla.* If patient is all right while on deck, but sea-sick *immediately upon entering a close room*, *pulsatilla* is indicated. Look for the temperament—the cheerful, thirstless blonde, easily affected to tears.

*Tabacum.* First manifestation in the head. Vertigo; heaviness in head; pallor; *cold sweat*; coldness, *especially of hands*; deathly nausea; vomiting, worse from the least motion. Better on deck, in fresh air. [Compare *bryonia*.]

I read the foregoing to a bright young physician and asked for his opinion of it.

"Excellent from your point of view," he replied. "Compact, not a superfluous word; but too concise for young physicians. We need more elaboration. Make the distinctions between remedies sharper. All sea-sick people want to lie down and keep perfectly still, and are worse from sitting up. You would not give *bryonia* to every patient. Let us have the characteristic indications for the different remedies."

It is my great desire to write lucidly for young physicians. This one probably represents the great majority. Therefore it may not be amiss to illustrate the subject from experience. Also please to remember that homœopathic prescribing is difficult work. However, painstaking attention will triumph.

On an Inman steamer, plying between St. Johns, Newfound-

land and Halifax, Nova Scotia, years ago, when Dr. Hayes and Mr. Bradford were returning from the Arctic regions, I noticed a peculiar case of sea sickness in one of our passengers. Wind and wave were so related to our sailing direction that the common, rough tossing of the vessel was occasionally varied with a deep sinking of the stern. The gentleman in question sat upon the after deck, chatting with the rest of us, and had but little trouble except when the stern of the ship went far down. Then he manifested emotion, most unmistakably, hiccoughed, and confessed to nausea and pain. He made one or two marine observations over the rail.

In my present estimation, he should have had a dose of *borax*. It probably would have cured him. My recollection of that case influenced me in admitting *borax* to my list. You will observe my disclaimer of personal experience with it in this direction. Here is an instance where recumbency and quietude of person were not demanded. No discriminating person, after reading the indications I have given, would think of prescribing *bryonia*, *cocculus*, *ippecacuanha*, *petroleum*, *pulsatilla*, *tabacum* or *staphisagria*, if he had "taken the case" properly—that is, had noticed its peculiarities. There is the crucial test.

A lady who had crossed the Atlantic ocean a number of times said to me: "Oh! it's of no use to try homœopathy or anything else. I am always so sick that I must lie perfectly flat and still in my berth. I cannot lift a finger, roll an eye or think of symptoms, much less reach for medicine and swallow it, even if I knew what to take." On her next trip her companion was instructed to give *bryonia* at the first manifestation of sea sickness. A single dose cured.

In my youthful days I once went a'fishing in a dory, off Salisbury Beach, Mass. There was a long swell, after a storm; and presently my companion reported progress. He was a true fisherman, and kept right at his sport, only pausing briefly, now and then, to pour a libation to Neptune. But he

kept spitting frequently. I had not studied medicine, and was not a trained observer; but the peculiarities of this case were impressed upon my memory. I have since noticed the curative action of *cocculus* in similar cases, especially when accompanied with "nausea extending to the head." Who would fail to select *cocculus*, even on this scanty exhibit? There was no demand for recumbency and quietude. The characteristics of the other drugs were lacking. But if you make careful prescriptions without referring to recorded symptoms, you beat me. I needed to study the text and compare the different remedies before choosing for the individual case.

The constant nausea and cutting pain of *ipecacuanha*, and the bitter bilious vomiting of *petroleum*, are characteristic indications. They should be reinforced with their respective concomitant symptoms, before being finally selected. The indoors and out-doors modality of *pulsatilla* fits many cases. There is no reasonable likelihood of mistaking *bryonia* or *tabacum* for *pulsatilla*. The latter type is commonly seen among blondes, of cheerful disposition, easily affected to tears, and all that. He is immune while on deck, in the fresh air. He may walk, sit and do as he pleases there; but so sure as he goes to his state-room, he is sea sick at once.

Have you ever seen that great picture, "The First Smoke?" It is eloquent. It awakens a sympathetic feeling in many an on-looker. Oh! but it required grit in the central figure, to stand like a stoic and seem unconcerned, while a young friend on either side adds every possible drop to his cup of misery. The vertigo is so great that standing is almost impossible. Such pallor! His manner speaks. This patient is worse from motion, like *bryonia*, and better in the open air, like *pulsatilla*, but the pallor, cold sweat, and coldness, especially of the hands, are peculiar to *tabacum*.

Of course odd cases will be met, occasionally, demanding unusual remedies. For instance, *nux moschata*, for the drowsy, hysterical, flatulent individual. I cannot pass these

questions from the record of *capsicum annuum*. "Stomach icy cold, or burning in the stomach." "Sea sickness." To mention all the possible medicines would be to name a multitude. Eccentric cases require repertory and materia medica, with careful study of all symptoms. In order to excel it is necessary to "take the case" each time.

### SMALL POX. VARIOLA. VARIOLOID.

If all mankind lived according to the laws of health, this chapter would be superfluous. While all good people are wishing for a general exemption from small pox, we will remember that the clean may sometimes be poisoned by the unclean, though not so readily as the latter become poisoned. The healthy, cheerful, well-groomed physician, who spends much of his time in the open air, generally escapes contagion from his patients. Fear predisposes, as do all the depressing emotions to some extent.

It is a very contagious disease. I believe that if more attention were given than now is to disinfecting the hair of the patient and to covering the scalp and beard of the attendant that there would be fewer cases. Official inspectors should set a better example than they do in this respect. The principal danger exists during the suppurative stage. When the time arrives for final cleansing and fumigation, this should be done in the most thorough manner. Health boards are usually satisfied with sulphur fumigation of the room and most of its contents. Formaldehyde is much better. Their treatment of bedding and clothing by heat is excellent. I am much in favor of immersion in naphtha. Every movable article can be thoroughly renovated by it. For example, a friend gave me a Navajo saddle blanket. It proclaimed its Indian maker to the olfactory nerve. Two professional cleaners failed to remove the odor. Afterwards the blanket emerged from the naphtha tank perfectly clean and sweet. Air, cleanliness and chlorides



during the sickness, and proper disinfection afterwards, meet the hygienic requirements.

So far as discerned, no proven drug is prophylactic to small pox in the same degree that *belladonna* is to scarlet fever, though *thuja* deserves further trial. In the epidemic of 1849 it was both prophylactic and curative at the hands of Bœnninghausen, being successful in all cases where it was used. The late Dr. Reising recommended raw beef, not only as a prophylactic but as a curative, to his intimate friend, Dr. Bayard, but we are ignorant of the provings. *Sarracenia* worked well in some epidemics; but it has not been proven upon the healthy. *Baptisia* was prophylactic and curative in one epidemic where its peculiar symptoms prevailed. I feel confident that if the symptoms of either of the agents named, or of *antimonium tartaricum*, or *kali bichromicum*, or *rhus toxicodendron*, or any other medicament, for that matter, should be epidemic while small pox was raging that that drug would be found to be both curative and prophylactic. The epidemic constitution should be taken into account, equally with the epidemic sickness. When the disease is fully developed *sulphocyanide of potassium* is not present in the saliva and is found in the contents of the pock. This fact led Korndœrfer to observe that mechanics who manipulated that drug were immune to small pox. Therefore, Hering suggested the feasibility of sprinkling the *cyanide* about the house as a preventive of small pox.

Variolation held sway for a long time, and probably caused a lighter average run of the disease than did its spontaneous neighbor. The pest house and its inhabitants were under observation and control, which was a great advantage. However, the method was grim and heroic. It is interesting to read George Washington's order detailing soldiers for inoculation.

Vaccination followed. The struggle to gain recognition for it was violent but eventually successful. Soon a great change in the character of diseases took place. Pock marks gave place to a variety of maladies. Before, epidemics of nearly uniform

types; after, a hydra-headed monster, no two cases alike. There is a degree of similarity between variola and vaccinia, which captivates the fancy of some people. Vaccination is the main reliance of health boards. However, their faith in it must be weakening, for they will not trust a "successful" operation long. Originally, once in a life; next, every seventh year, and so on, steadily down, until now, once a year is about orthodox. The extent of their claim now is that "it modifies the epidemic of small pox." Yet they are seeking power of the legislature to make vaccination compulsory, which would be a monstrous tyranny. The frightful havoc sometimes produced by vaccination should be reason enough for abandoning it. (See "Poisoned Wounds.")

Hahnemann states his opinion of the matter very clearly in the *Organon*, page 86 (Wesselhœft's translation), as follows: "It is well known that when variola is added to cow pox, the former, by virtue of its superior intensity as well as its great similitude, will at once extinguish the latter homœopathically, and arrest its development. Cow pox, on the other hand, having nearly attained its period of perfection will, by its similitude, lessen to a great degree the virulence and danger of a subsequent eruption of small pox, for which we have the testimony of Muhry [45] and many others."

Our attention is thus riveted to the fact that a prophylactic agent must also be a curative by virtue of its similarity, superior power and intensity. *Belladonna* bears such a relationship to scarlet fever. If the typical scarlatina of Sydenham in one of a family of children, *belladonna* cures that one, it also prevents the others from contracting the disease; or if it is already incubating they will exhibit but slight traces of illness, provided they have taken a few doses of *belladonna*. Vaccinia falls short of a like relationship to variola.

"Grease" (a disease of horses), or rather its diluted self, "Malandrinum," has been urged as a prophylactic. Grease is somewhat similar to variola, but I am not convinced of its superior power and intensity.

*Vaccininum* and *malandrinum* do not, in my opinion, acquire the requisite superiority by virtue of dilution or potentiation.

*Vaccininum*, *malandrinum* and *variolinum* in potency given by the mouth produce less disgusting results than do their crude bases applied beneath the skin. Of these three, *variolinum* alone is capable of producing immunity from variola, and, therefore, should be the chosen agent, if variolation in any form is to be done.

It is customary to call light cases of small pox varioloid. Time was when the physician was thereby enabled to calm the fears of demoralized people. But the word varioloid should be dropped, as it is opposed to simplicity, multiplies words and tends to make confusion.

Classical small pox can be diagnosed readily enough. After nine days of incubation, in some cases longer, the disease makes a sudden manifestation, commencing with chilliness and shivering, followed by febrile symptoms, headache, severe pain in the small of the back and loins, languor, weariness and faintness, oppression of the chest and acute pain in the stomach, worse from pressure. The eruption makes its appearance at the close of the third day, first on the face, neck and wrists, and afterwards spreads over the whole body. Sneezing, coughing and wheezing are often present.

The eruption is first in the form of small, hard, red elevations, which in about three days (six from first appearance) become vesicular, with inflamed margins and depressed centres. About the tenth day from the first they are filled with pus, which causes the depressions to vanish. The face often becomes swollen, the eyes suffused, the lids closed. The pocks continue to come on during the first three eruptive days, and each pock runs its regular course—those that appeared first scabbing and dying off, while the others mature. Desquamation occurs about the twelfth day. This is the distinct type.

But these are the days of variety when comparatively few classical cases are seen and the rest are hard to place. The

stages become confused and the symptoms odd. Sometimes the eruption first appears upon the palatine arch. If the eruption is confluent it may be impossible to make diagnosis until suppuration and the characteristic odor remove all doubt. Chicken pox and measles often abound at the same time, and may be in question at first. But chicken pox soon matures and is recognized. It is measles that helps to prolong the period of uncertainty. I was once in a council of five physicians which included a health officer in his official capacity. Our task was to name a case of illness. We met and viewed the case daily, but could not decide upon measles until small pox had been excluded by lack of suppuration. Syphilides and small pox must occasionally be differentiated. I remember a colored woman whose eruption felt like shot and was distributed like small pox. I shifted the responsibility upon the health department. They took time and finally excluded small pox in favor of syphilis.

Small pox is a loathsome disease. It sometimes causes disfigurement, even blindness, and may end fatally. The sick room should be dimly lighted. Encourage the consumption of water but reduce food to a minimum. Do not meddle with the skin, and make sure that the patient does not scratch his face by fastening large, thick, soft mufflers upon his hands. Faithful and competent nurses are needed to carry out these instructions. The well selected remedy reduces the mortality list, insures sight, shortens the duration of illness and prevents pitting. Nowhere does homœopathy show more brilliant results than in the treatment of this malady.

#### INDICATIONS FOR MEDICINES.

*Antimonium tartaricum.* The chief recommendation of this drug is the similarity of skin, back and catarrhal symptoms. If a case of small pox having backache, loose, rattling respiration and cough; nausea and vomiting, and especially, if are added warm sweat on forehead and twitching of muscles of face, then

*tartar emetic* must be given. A close resemblance along these lines, before any evidence can be had from the eruptions, makes the same choice necessary.

*Baptisia tinctoria*. Drowsy, stupid, languid patients—no matter whether the disease be typhoid fever, pneumonia, cerebrospinal meningitis, variola or anything else by name—should have the benefit of a consideration of this drug. Here is a grand characteristic, “body feels scattered about; tosses about to get the pieces together; cannot sleep because cannot get pieces together.” Profound depression is what commands attention to *baptisia*. It has done great service in some bad epidemics of small pox. Hering says: “Variola, eruption thick on palatine arch, tonsils and uvula; breath fœtid; salivation: prostration.” Also burning skin, worse in face; livid, flat, irregular spots on body and limbs. The eruption is not so characteristic and decisive as is the general condition.

*Carbo vegetabilis* and *Cinchona*. Let us consider these remedies together, for they are closely allied, follow each other well—though *carbo veg.* is commonly given first—and are both suitable in bad cases with typhoid symptoms. Black small pox, humid, fœtid.

*Carbo veg.*

Drawing, tearing pains  
flying here and there.

Sepsis. Cadaverous, hectic,  
sallow.

Venous stagnation.

Blue, cold.

*Desires to be fanned.*

*Must have more air.*

*Cinchona*.

Pain in joints, bones, peri-  
osteum, as if strained.

Lame back. Single parts  
feel numb.

Hæmorrhages from mouth,  
nose, bowels.

Wants sour things.

*Violent thirst for cold  
water.*

Cannot endure a draught.

*Kali bichromicum*. “Heat and itching of skin at night when warm in bed, followed by reddish, hard knots, from size of pin



head to that of split pea, centres depressed, with a dark scurf, surrounded by an inflamed base." "Small pustules over body like small pox; they disappear without bursting; mostly on face and arms." These lines run nearly parallel to many ordinary cases of small pox. If, in addition, there be acute pains in small spots, alternately here and there, and especially a catarrhal and rheumatic tendency—tenacious or stringy catarrh and rheumatism jumping about from place to place—the physician need hesitate no longer, he has found the similar.

*Rhus toxicodendron*. In Guiding Symptoms this carefully proven and well verified drug has five and a half pages devoted to manifestations upon the skin. Among these skin symptoms are the following: "Variola: eruption sinks and turns livid, typhoid symptoms." "Small pox: typhoid condition; eruption illy developed; livid; burning fever; extreme prostration; burning thirst; roaring in ears, dry, cracked tongue; lips and teeth covered with tenacious brown mucus; meteoristic distension of abdomen." "Variola: pustules turn black from effusion of blood within; diarrhoea with dark, bloody stools." I have seen a case, bloated and distorted beyond recognition, the face a festering mass, with slits where the eyes should appear, so completely cured by this remedy that only two insignificant pock marks on the neck could be discovered. Sole reliance was not then and never should be placed upon the appearance of the skin. The triangle tongue, peculiar restlessness and fatigue, and other characteristic indications have more weight. When all the symptoms agree then *rhus* is mighty against bad cases of small pox.

*Stramonium*. The following quotations from materia medica are suggestive of one class of cases: "Whole skin and conjunctiva red like crimson." "Skin hot and dry." "Worse when eruptions are suppressed or do not come out well." Entire face swollen, muttering delirium, small pox before vesicles form."

*Thuja occidentalis*. Great interest centres upon this remedy.

That prince of prescribers, Bœnninghausen, did brilliant work with it in one epidemic. Instead of quoting a number of pages upon *thuja* from Hering's Guiding Symptoms, which, perhaps, might be profitable, I recommend to the reader to make a careful study of the same. However, the following lines from Vol. X., p. 337, shall serve as a brief statement: "Variola: pains in upper arms, fingers and hands, with fulness and soreness of throat; areola around pustules marked and dark red, pustules milky and flat, painful to touch, especially during suppurative stage where it may prevent pitting; recommended as a preventive as well as a curative by Bœnninghausen, who states that it shortened all cases in the epidemic of 1849 and prevented scars."

We are so accustomed to think of *thuja* as a remedy for chronic diseases as to be in danger of overlooking its virtues in acute affections. It has a wide field of usefulness in diseases which show upon the skin as well as those that have been suppressed. Sycosis, variola, vaccinia, varicella, pemphigus, rupia, impetigo, herpes, condylomata, ulcers, epithelioma, fungi, nævi, tinea—a great cloud of witnesses arise to testify to the curative effects of *arbor vitæ*. Pain in neck, back and limbs; formication in left finger tips; weakness of left leg when sitting, which changes to cutting pain when walking; legs feel like glass, as if they would break; sensation of flea bites on body and limbs; restless sleep with dreams; shivering after slight exposure; burning heat of the face; perspiration on uncovered parts; prolonged thoughtfulness about a mere trifle; frequent and copious urination; diarrhœa—these are some of the leading symptoms that distinguish *thuja* from other drugs. Do you ask what have they to do with small pox? I answer that Bœnninghausen and other great masters of our art prescribed successfully upon these symptoms, because they were peculiar to the case in hand as well as to *thuja*—knowing them to be far more valuable in practice than

the symptoms that designate the disease by name. In that way and that only has *thuja* made a great reputation in small pox.

Our seven described remedies must comprise all. Veteran prescribers will please not to find fault because *calcareæ ostrearum* is not included, for quickly developing cases in children and lymphatic adults having bloated, painful abdomen, worse from pressure—a very valuable remedy—and many more. To name every possible candidate would be to write a list of proven drugs. Our experienced friend needs no exposition. He knows how to make a selection. The young physician might be confused by further multiplication, and I especially wish to avoid that. Let the reader master what I have given. They will help him to make further comparisons if needed.

## FEVERS.

### INTERMITTENT FEVER.

Assuming that the reader uses Bœnninghausen's and H. C. Allen's monographs upon intermittent fever in conjunction with the materia medica, my task may be brief and probably will be best done by citing a few concrete cases. Here they are:

Case I. A girl, five years of age, spent a summer where the tides mingled fresh and salt water and mosquitoes abounded. The house partly overhung the water. She was much of the time on the beach and in the water. The summer was hot and the patient constantly held ice in her hands which she sucked. She became peevish and irritable and lost her appetite, and was removed to central New York. On account of extreme restlessness she received *rhus tox.*, which, of course, did no good. In a few days intermittent fever was in full blast.

The prodrome showed extreme nervous irritability; a fly buzzing on the window pane made her frantic. There were great restlessness and desire to change position and place frequently.

The chill was long and hard. At first there were great coldness, blueness around mouth, blue nails, pinched nose and pain in back; later on, violent shaking.

Fever followed immediately. Face pale, nostrils fanning, temperature often reaching  $105.3^{\circ}$ , deep sleep; absolutely quiet. She was thirstless in both stages.

There was no sweat. Patient awoke from sleep, saying: "I want my steak and I want it now." She ate ravenously of steak and potato, and this was her only meal for the whole day.

The apyrexia was marked with debility and irritability. It was impossible to please her. She was naturally very good-natured.

The type was quotidian at first. The paroxysms steadily anticipated, until at the end of five weeks the type became double quotidian.

The local physician gave "blue drop," that is to say, a preparation of quinine. The case immediately became worse. A severe chill followed and I was telegraphed for. Wishing to be sure of the case, I consulted Dr. Adolph Lippe, of Philadelphia, who recommended *arsenicum*. Under the influence of this drug the attacks became less violent and the type tertian. She was then brought back to New York, it being the sixth week from the start. She had a chill on the train, it being the off day, and the type then became quotidian. The fever was on when she was taken from the train to the house. She was put to bed and was very restless. I asked her why she moved so much, and she replied, "The bed is hard."

I had studied the case carefully. This last symptom and the hunger when awaking from sleep and fever made me decide to give *arnica*. This was given, in the two hundredth potency, every two hours during the apyrexia. Almost with the first spoonful there was complete change. There was never another paroxysm.

Case II. Colonel ———, usually healthy and strong, had an acute attack of pyelitis, characterized by pain in the back,

weight in the bladder, frequent burning urination and turbid, scanty urine, all relieved by heat; also regurgitation of food and flatulence; with aggravation in the latter part of the afternoon. *Lycopodium* relieved promptly, but left him sensitive to cold.

Gradually quotidian intermittent fever became evident, with the following symptoms:

Prodrome: Restlessness; dull pain in the back; prostration.

The chill came on soon after rising in the morning, and reached its height between ten and eleven A. M. It was felt first in the extremities. Motion caused shivering and stretching. There was dull, heavy pain in the back; face pinched and drawn; hands shrivelled; frequent change of position and place, in the endeavor to get ease; head high. This stage was the hardest of all and was relieved by heat.

Fever came on in the afternoon, with increased restlessness; face puffed and red; uncovering; quick breathing; less pain; and a little thirst.

There was no sweat.

Apyrexia: The patient was irritable; the tongue had a thick heavy coating; the breath was offensive. He felt best when quite warm.

*Arsenicum*, two hundredth in water, given every two hours during the apyrexia only, cured safely, speedily and easily. There was a slight reminder on the twenty-first day.

Case III. An old school physician, a well known neurologist, was in Ceylon in 1896. While there he was taken sick with pernicious malarial fever. For this he was given mighty doses of quinine. Having great vitality he survived. The glands in the groins became greatly enlarged; a thrombus obstructed the right saphemous vein; he had entero-colitis. Arsenic, iron and bael fruit (*agle-marmelos*) palliated the case. Later he frequently suffered from pain in the muscles, nasal catarrh, hay fever or intermittent fever. These various manifestations of sickness had a common origin, which was



the suppressed pernicious fever. The patient was never long free from one or more of them. In 1907 he asked me to prescribe for him. I reminded him of the time needed to effect a cure and expressed doubt of his persistence. He replied, "Doctor Carleton, you don't know me. I shall stick." I took the case. He stuck.

The nasal catarrh was fluent, worse in the morning and accompanied by pain in the occiput and desire for heat. The hay fever had the same characteristics. When either of them occurred I gave *nux vomica* with success. The pain in the muscles often existed with the intermittent fever. The following entry in my case book shows how we began upon the main issue: "Yesterday, after several days of yawning and chilliness, he was chilly at ten A. M., with pain in the right groin extending to the left groin; then coldness, stretching and shivering in the back. The chill merged into fever and that into sweat, which brought relief, there being thirst during the fever only. The paroxysm lasted about two hours. I gave *natrum muriaticum* cm. [F.]." This was repeated in two weeks. One month later the potency was changed to the millionth power according to Fincke. Two weeks after that this entry was made in my case book: "Has done very well. Now ague returns. Same medicine given." This was repeated eight months later. Five months afterwards, in the spring of 1910, he took his last dose of (the same) medicine.

The cure effected, he reminded me of my promise to tell him the medicine he had taken. When told, he said: "So it was the chloride of sodium!" "Yes," I replied, "it was common table salt, highly potentized by combined dilution and succussion. You might have taken large doses of crude salt without benefit. Why did I give you salt? My duty as a homœopathist was plain and imperative; for the peculiar symptoms which potentized salt produces upon healthy people were similar to the peculiar symptoms of your case."

The prescription is the crucial test of the skill and integrity

of the homœopathic physician. It should be similar to the symptoms of prodrome, chill, fever, sweat, apyrexia and whatever is singular and queer. Repetition of the dose, especially within twenty-one days, commonly has a disastrous result. It is my custom to have a good understanding with the patient at the start. He is told that the homœopathist does not "break chills;" he cures cases; then the chills cease.

#### PERNICIOUS MALARIAL FEVER.

The last decade of the nineteenth century was, in that part of the world which has its centre at New York city, conspicuous in the annals of malarial fever. The claim that quinine is a specific for ague was continually proven to be false. Pure homœopathy repeatedly demonstrated that it only is the curative for the individual patient. An occasional case of pernicious fever set all treatment at defiance. According to report, one patient died in the second chill, in spite of fifty grains of quinine given by the attending physician to prevent the chill.

Case I. Another case of equal severity occurred in the practice of the late Dr. A. M. Piersons. These are the symptoms:

Chill in the evening, mostly in the arms and internally, with external burning heat; chill and heat alternating; heat especially of the head. Pulse quick, full, hard and tense; throbbing of the carotids and temporal arteries. This stage lasted about an hour and was, taken by itself, not alarming. The next stage was very alarming.

Heat continuous, dry and burning; temperature at and near 106° for four hours or more; face deep red; delirium.

Sweat slight, mostly on the face.

The apyrexia was marked by apathy and exhaustion.

Together we selected *belladonna* and gave the two hundredth potency in water. The relatives were told of the gravity of the situation. The patient went bravely through the next chill, but succumbed to the fever.

Case II. My next experience with pernicious fever struck home. My son, weakened by long over-study, had indulged in too many swimming baths, unduly exercised in the hot sunshine, and breathed too freely of the exhalations from up-turned city earth. For a number of weeks he had felt languid, listless, weak and irritable. He yawned and stretched, felt pain in bones and was thirsty. About ten A. M., one very hot day, he had a mighty chattering, shaking chill, which began in the back and soon became general; accompanied by shrivelled hands, blue nails, great pain in the vertebra prominens and the muscles at the back of the neck, which demanded firm pressure; and pain in thighs, knees, hamstrings and shins, which was made worse by the inevitable motion. Respiration difficult, moaning. In a vain endeavor to get warm he piled on clothing, crouched by a hot fire and, being thirsty, drank deeply of hot water, which immediately regurgitated, bringing with it bitter, green, slimy matter. Pulse 140; temperature  $105^{\circ}$  plus. The vomiting marked the passing of the chill stage.

Fever followed, felt first in head and hands and soon becoming all-pervading and terrible; heart throbbed violently, pulse 152. He was weak, nauseated and dizzy; but managed to get downstairs, on all fours, stopping at every step to rest; was lifted into a carriage; was conscious of the transfer to the railway train and the jolting of the cars. Unconsciousness supervened. At the journey's end he was met and cared for while delirious and helpless. He would sit up. His temperature was then  $106^{\circ}$  and remained so nearly four hours. In all it must have been at or near that degree for about six hours. He wanted to be fanned; drank copiously of cold, carbonated water, which tasted sweet (all through illness and long afterwards); and was supersensitive to noise.

Moderate sweat coming on during sleep brought remission but not intermission until a number of paroxysms had taken place; then profuse sweat brought relief. Paroxysms quo-

tidian and anticipating. The apyrexia was characterized by thirst, pain in bones and weakness.

Dr. Joseph A. Biegler, of Rochester, N. Y., generously responded to my appeal for help and took charge of the case. After carefully taking the case, the next step was to gather the following rubrics from Allen's Intermittent Fever, which gives each mentioned remedy in one of three grades of type, according to the degree of its importance:

#### PRODRÔME.

*Headache:* Æsc., Arsen., Bry., Carbo v., Cinch., Ced., Corn. fl., Elat., Ipecac., *Natr. mur.*, Plant., Rhus t., *Thuja*.

*Languor:* Arsen., *Bap.*, *Natr. mur.*, Polyp.

*Pain in Bones:* Cinch., *Eup. perf.*, *Eup. purp.*, *Natr. mur.*

*Pain in Limbs:* Carbo v., Elat., *Eup. perf.*, *Natr. mur.*, *Nux vom.*, *Rhus t.*

*Stretching:* Æsc., Ant. t., Arn., *Arsen.*, Bry., *Eup. perf.*, Ign., *Ipec.*, *Natr. mur.*, *Rhus t.*

*Thirst:* Alston., Amm. m., Ang., ARN., Arsen., Bov., Bry., Cimex, Cina, CINCH., EUP. PERF., Lach., Lob., *Puls.*, Samb., *Sulph.*

#### CHILL.

IO A. M.: Alston., Arsen., *Bap.*, Cact., Carbo v., Chin. s., Colch., *Eup. perf.*, Led., NATR. MUR., Petr., Phos. ac., *Polyp.*, *Puls.*, *Sep.*, Sil., *Sulph.*

*Worse from Motion:* Acon., Agar., Alum., Ant. t., Apis, Arn., Bry., Camph., *Canth.*, Ced., Cinch., Coff., *Cur.*, *Eup. perf.*, *Hepar*, *Kali c.*, *Nitr. ac.*, NUX VOM., RHUS T., SEP., SIL., Spig., *Sulph.*, *Thuja*.

*Beginning in the Back:* Arg. m., *Bap.*, Bov., Cac., *Canth.*, CAPS., Ced., Dul., EUP. PERF., EUP. PURP., *Gamb.*, Gels., *Kali iod.*, LACH., Led., *Lyc.*, *Natr. mur.*, POLYP., San., *Sep.*, *Spong.*

*Fingers Blue:* *Natr. mur.*, *Nux vom.*, *Petrol.*

*Pain in Bones:* Aran., Arn., Arsen., *Eup. perf.*, *Eup. purp.*, *Natr. mur.*, *Nux vom.*, Polyp., Sabad.

*Pain in Limbs:* Acon., Ars., Bell., Bry., Dulc., Elat., *Eup. perf.*, Eup. purp., Graph., Hell., Lach., Led., Lyc., Mercurialis, Mez., Natr. mur., *Nux vom.*, Op., *Puls.*, *Rhus t.*, Sabad., Sep., Sulph.

*Pain in Muscles:* ARN., Bap.

*Moaning:* *Eup. perf.*

*Respiration Difficult:* APIS, Ars., Gels., Kali c., Mez., Natr. mur., Puls., Seneg., *Thuja*, Zinc.

*Yawning:* Ars., Bry., Calad., Caps., Cim., Cina, ELAT., EUP. PERF., *Gamb.*, Kobalt., Laur., Lyc., Marum, *Meny.*, Mer., Mez., *Mur. ac.*, Murex, NATR. MUR., Natr. s., *Olean.*, Par., Phos., *Polyp.*, Sil., *Thuja*.

*Vomiting After Drinking:* Arn., ARSEN., EUP. PERF., *Nux vom.*

#### CHILL FOLLOWED BY :

*Vomiting of Bile:* EUP. PERF., Kali c., NATR. MUR.

*Vomiting After Every Draught:* EUP. PERF.

#### FEVER.

*Vomiting of Bile:* Cham., Cina, *Eup. perf.*, Natr. mur., *Thuja*.

*Thirst for Large Quantities:* Acon., Alston., Bar., Bell., Bry., NATR. M.

*Thirst for Large Quantities, Which Relieve:* NATR. MUR.

*Fanned, Desire to Be:* CARBO VEG.

*Delirium:* Ant. t., Arn., Ars., Bell., Carbo v., CHIN. s., Cina, Cinch., Coff., Gels., Hep., Ign., Lach., Lachn., NATR. MUR., Nitr. ac., *Nux vom.*, Op., POD., *Psor.*, Sabad., Sang., Sec. c., Spong., STRAM., *Veratr.*

#### SWEAT.

*Pains Relieved Gradually:* Bell., NATR. MUR.

*Thirst:* Acon., Anac., ARS., Cac., Ced., CINCH., *Chin. s.*, Coff., Con., Hep., Iod., Mercurialis, NATR. MUR., Phos. ac., *Rhus t.*, Sec. c., STRAM., Tarax., *Thuja*.



## APYREXIA.

*Pain in Bones:* Aran., ARN., Bry., Caust., EUP. PERF., Nux v.,  
*Rhus t.*

*Thirst:* Canth., Cic., Cim., CINCH., Dulc., Sulph., Verat. a.

*Weakness:* Acon., Alum., Apis, Arn., Ars., Bap., Bary. c.,  
 Calc. c., Camph., CARBO AN., CARBO v., CED., Chin. s.,  
 CINCH., Corn. fl., Dig., Eup. perf., FER. MET., *Gels.*,  
 Ign., Iod., Ipec., Lyc., NATR. MUR., Nitr. ac., Nux  
 vom., Polyp., Sulph., Veratr. alb.

Inspection of these rubrics soon made it evident that the most similar would be chosen from a few medicines. Their names were, therefore, written down in order; the frequency of their mention ascertained by counting and indicated by marks following the name; while every degree of emphasis (beyond that shown by plain type) was shown by marks beneath the name of the medicine. This procedure brought the following exhibit:

	Emphasis	Times Mentioned	Total Count
Arnica          =====	9	8	17
Arsenicum                =====	5	12	17
Eupat. perfol.                   =====	20	15	35
Natr. mur.                         =====	21	19	40

*Natrum muriaticum* had the majority, with *eupatorium perfoliatum* close behind. The great importance of “*bitter vomiting at the end of chill*,” which *eupatorium perfoliatum* has, was offset by “*chill at 10 A. M.*” which is grandly characteristic of *natrum muriaticum*. The decision was in favor of the latter remedy. A dose of *natrum muriaticum* cm. [F.] was put upon the patient’s tongue.

The paroxysm which followed next after the medicine had been given, although frightful, was less severe than its predecessor had been. Improvement went on. The remedy was repeated when the paroxysms drew so near to each other as to become double quotidian, causing great anxiety in consequence. Thirteen weeks elapsed before the patient was well. This was the most terrible case of its kind I have ever seen. Its cure was marvellous and is a monument to the power of homœopathy.

Case III. My first case was seen in the earlier years of my practice. It is placed here, out of chronological order, for the purpose of comparing it with another that follows. A middle-aged woman was the subject. I had Dr. Constantine Lippe in consultation. We were in doubt as to the remedy. Time was precious. I telegraphed the entire case to Dr. Adolph Lippe, in Philadelphia, and asked him to prescribe. Soon this answer came: “If the vomiting which occurs between chill and fever is bitter, give *eupatorium perfoliatum*; if sour, give *lycopodium*.” The vomiting was sour. A dose of *lycopodium* cm. [Fincke] cured the case.

Case IV. In 1908 I saw a desperate case with Dr. Spencer Carleton. The patient was a middle-aged woman. Her previous history was one of malarial fever which her physician had tried to suppress with huge doses of quinine, Warburg’s tincture and a preparation of iron strongly resembling ink. Each medicine had in turn palliated temporarily and complicated the situation. At length the crash came, which was desperate, as stated above. Before the ink was discontinued, the

patient lay in bed a few days, semi-delirious and suffering great pain all over, especially in the bones. A terrible chill followed. Relatives persuaded the family to call a homœopathic physician. As the chill ended, profuse, bitter vomiting set in and lasted until the fever was well under way. The temperature ran up to  $106.5^{\circ}$  and lasted the rest of the day. This was followed by extreme exhaustion, without sweat and with slight remission of pain. Examination of the blood showed the presence of plasmodium. The next day was one of similar experience. A dose of *eupatorium perfoliatum* cm. [F.] modified the third attack and cured the case. The plasmodium disappeared.

Cases III and IV both had symptoms not detailed here and not at hand. The character of the vomiting which occurred between chill and fever was of decisive and determining importance. One such grand characteristic in a case is worth twenty ordinary symptoms.

Experience teaches me that a single dose of the carefully selected homœopathic remedy, given in a very high potency, offers more hope of success in the management of a case of pernicious fever than does anything else. In fact, the same rule applies to the average case of intermittent fever of ordinary severity.

#### TYPHOID FEVER.

Case I. I have the impression, but cannot verify it, that this case has been published.

A vigorous commercial traveller came down with typhoid fever which, as usual, attacked Peyer's patches. The case was of average severity and in its second week, when a messenger called me one night in haste. The case had suddenly taken on the cerebral type. Six attendants taxed their strength and skill to keep the patient in bed and from biting, scratching and tearing himself and others. Dr. Charles McDowell had been summoned in the emergency and arrived just before I did. A hasty conference followed. The case was clear. We suc-

ceeded in confining first one and then the other foot to the bedstead, by means of the clove-hitch, which somewhat relieved the difficult and dangerous task of confining the upper extremities in like manner. It was impossible to give medicine by the mouth. I asked Dr. McDowell if he had his hypodermic syringe with him. He had. Taking from my pocket medicine case a small vial of *hyoscyamus*, two hundredth, and showing the label to the doctor, I poured a few pellets into a tumbler half full of water, and stirred them till dissolved; then arming the syringe from the solution, injected the latter into the thigh, that part being the most easily controlled. In a few moments we succeeded in making another injection. The patient soon became quiet. Sleep came to his relief. In the morning he exhibited no trace of cerebral typhus. To this day some of the attendants firmly believe that morphine was injected and cannot be convinced to the contrary.

Convalescence followed in due time and this was uninterrupted. The cure was absolute.

Case II. An elderly lady, whose health was greatly impaired in consequence of anxiety and grief, sought relief in a place of resort in the South. There she was taken sick with what the local physician called malarial fever. An epidemic of similar cases existed in the place at the time. She was dosed with calomel, quinine and bitter mixtures. After seven weeks of this, she was brought to New York and placed in Hahnemann Hospital, April twenty-fourth, 1905.

I observed a disposition that was naturally mild and vivacious changed to peevish and impatient; a white tongue with red edges; great thirst; temperature 99-103° +; pulse around 150; desire to change position frequently; ileo-cæcal region tympanitic, gurgling under pressure, and sore; frequent, involuntary stools; frequent, involuntary urination, with burning sensation at the meatus, relieved by the application of cold water; little sleep.

The mouth and tongue were being swabbed with Listerine.

This practice was stopped, as it destroyed valuable evidence and drugged the system. The clinical thermometer was being rinsed with water before using and put into carbolic acid at other times. Alcohol replaced carbolic acid and the thermometer was rinsed before entering and after leaving the mouth. Chlorides, followed by boiling water, were used in place of carbolic acid to cleanse the bed-pan. Cold sponging was discontinued, in favor of tepid or warm water. The nurse was instructed to change the personal and bed clothing when needed and not according to routine; thus saving much of the patient's vitality. Pure, cool (not cold), fresh water was to be drunk freely; and when food was desired, only, a little scalded milk should be served, avoiding night meals if practicable. The body was not to be raised to the sitting posture.

I put a few pellets of *pulsatilla* mm. [F.] on the patient's tongue.

The Board of Health examined the blood and announced typhoid fever. Nothing important was revealed by the urine.

Improvement began at once and continued without interruption. On the nineteenth of May, being practically well, she went to her home in Massachusetts. She had received one dose of medicine, only, from me.

### CHOREA—ST. VITUS' DANCE.

Raue's admirable article on this disease leaves little to be said. My contribution is in the form of a single case from practice.

Irving C——, fourteen years of age, was large-sized and fat. He worked hard in school, which was all he could safely stand. One day, seven years before he came to me, he received a severe fright and soon exhibited chorea. Both arms twitched, especially the left; also both legs, the latter so badly that he wore out his clothing by the constant motion and made his knees sore. Saliva interfered with speech. He was



quick tempered and sensitive over the affliction. Head, neck and feet were sweaty. All the vertebræ were sensitive, especially the vertebra prominens. He had been dosed with arsenic, gold and Paine's Celery Compound. As the symptoms pointed unmistakably to *calcareæ ostr.*, he was given that medicine in the two hundredth potency. Improvement was immediate and continuous. In eleven weeks he was discharged cured. He has remained robust ever since.

### PNEUMONIA.

Allopathic medicine is bad. Frequent changes of personal and bed clothing, which has not been thoroughly dried and warmed, is a menace to life. Cold air to breathe and cold water or ice applied to the patient are especially pernicious. These depressing influences, added to those of severe disease, are responsible for much of the mortality attending pneumonia.

Death from pneumonia, excepting among old people, seldom occurs in homœopathic practice. Homœopathy cures.

#### INDICATIONS FOR MEDICINES.

*Aconitum*. First stage, also new invasions after the first; chill followed by high fever; better lying upon the back. Short, dry cough.

*Antimonium tart.* Loose cough with much coarse rattling; expectoration slight or copious and frothy. Œdema of the lungs; dyspnœa; cyanosis. Pleuro-pneumonia.

*Arsenicum*. Great anxiety and restlessness, must change position frequently; must have head high. Drinks a little water frequently. Great burning in chest; great prostration; worse at and after midnight.

*Baptisia*. Typhoid pneumonia. When the patient is delirious and thinks himself scattered about in pieces.

*Belladonna*. Dry, tickling cough, worse three p. m. and in the night; nervousness; nervous, flushed; sleepy, but cannot sleep.

*Bryonia.* Respiration quick without motion of the ribs. Must lie upon painful side; worse from motion. Dry cough: with sticking pain under the sternum; as if coming from the stomach; with crawling and tickling in pit of stomach. Cough, with crawling upward in the throat, followed by expectoration of mucus. Constriction of chest; stitches in chest on inspiring; stitching pain in region of diaphragm, worse from motion or coughing. Short, violent stitches in right side of chest impeding breathing. Great thirst for cold water, drinks much at long intervals.

*Capsicum.* With every explosive cough (and at no other time) there escapes a volume of pungent, fœtid air. Stitches in the suffering parts, with the cough. Cough in sudden paroxysms, convulses whole body. Sputa dirty brown, not rusty. Cough worse: evening, night; when lying; after sharp winds; dry; cold weather; any draught, warm or cold; after warm drinks.

*Carbo veg.* Third stage: collapse; hypocratic face; blue lips; pulse small, quick, difficult to count; extremities blue and cold; flatulence; desire to be fanned.

*Chelidonium.* Deep-seated pain in whole right side of chest.

*Cinchona.* After hæmorrhages; incipient gangrene. Stitches in right chest up to axilla, prevent bending forward and breathing; stitches in left chest; stitches under the sternum, worse during deep breathing and sudden movements.

*Ferrum met.* Dry, tickling cough, with blood-spitting.

*Gelsemium.* Congestive pneumonia, with suffering under the scapulæ, both sides; caused by checked sweat. Short paroxysms of pain superior part of right lung, on taking a deep breath; pulse slow, full.

*Hyoscyamus.* Cerebral symptoms, delirium, sopor; dry, fatiguing night cough, or rattling in chest.

*Kali bich.* Sharp pains from back to sternum; or from mid-sternum darting between the shoulders; stringy expectoration. Worse two to four A. M.

*Kali carb.* Pneumonia, with stitches through right chest, hepatic inflammation; right lung hepatized; worse when lying on right side. Infantile pneumonia, much rattling both sides; during resolution. Worse three to four A. M.

*Kali hyd.* In the beginning when the disease localizes itself; also with so extensive hepatization as to cause cerebral congestion and serous exudation; face red, pupils large; urine suppressed.

*Lachesis.* Hepatization, with stitches and dyspnœa, left side; worse after sleep.

*Lycopodium.* "The patient raises a whole mouthful of mucus at a time, of a light rusty color, stringy and easily separated." (Pearson.) Neglected pneumonia: especially with continuing hepatization and purulent sputum. Typhoid pneumonia. Circumscribed redness of the cheeks; lips and tongue ulcerated, red and dry; fan-like motion of alæ nasi.

*Mercurius vivus.* Stitches in chest, through, from the right scapula; pneumonia, with bilious symptoms.

*Nitrum.* Constriction of chest; stitches on drawing a long breath; worse when lying, coughing; dyspnœa; great anxiety.

*Nitric acid.* Pain suddenly abates, yet pulse becomes smaller, quicker.

*Phosphorus.* Difficult inspiration, chest feels full and heavy, with tension. Cough with stitches over one eye; worse in cold air, eating or drinking; lying on left side or back. Sputa frothy, bloody, rust-colored. Dryness of air passages; excoriated feeling in the upper chest; great weight on the chest or tightness; chest sore, bruised; hepatization, especially of lower half of right lung.

*Pulsatilla.* "Lies on the back; can't lie on the sides; semi-lateral perspiration (left side of chest); can scarcely speak above a whisper; respiration 50 per minute." (Raue.) Lippe's tripod—"chilliness, thirstlessness and oppression of the chest"—has always served me well.

*Rhus tox.* Pneumonia: with typhoid symptoms, often

from resorption of pus; also with tearing cough and restlessness, because quiet makes pain and dyspnœa worse.

*Sanguinaria.* Burning and stitching in chest; lies on back; sputa tough, rust-colored and difficult; pulse quick and small; circumscribed red and burning spots on cheeks, worse in the afternoon; extreme dyspnœa.

*Sulphur.* May be needed in any stage of the disease, provided no other medicine is indicated; and that the grand, general, characteristic symptoms of *sulphur*, such as early morning diarrhœa, eleven o'clock hunger are present.

*Veratrum viride.* Pulse hard, strong, quick; or, engorgement of lungs, with faint feeling in the stomach, nausea, slow, intermittent pulse; expectoration of pus and florid blood; red streak through centre of tongue.

#### ILLUSTRATIVE CASES FROM PRACTICE.

Case I. A robust young man had an attack of pneumonia involving the lower half of the right lung. It was a severe case. In the third week he was convalescing finely. Then the nurse took the responsibility to wash the patient's body and put on fresh clothing from the bureau drawer. A chill soon followed and death occurred the following day, in spite of all endeavors to prevent it. A valuable life had been foolishly thrown away.

Case II. I saw this case in consultation with Dr. Sanger at Littleton, New Hampshire. The young man had been sick for several weeks and failed to rally. The entire right lung was solidified. There were fan-like motions of the *alæ nasi*; round, red spots on the cheek bones and the case was worse every day in the latter part of the afternoon. On these indications I advised to give *lycopodium*, two hundredth, in water. Improvement began almost immediately after the first dose and continued without interruption. The cure was complete.

Case III. Miss ———, a slender, middle-aged woman, the victim of kyphosis since childhood, had a severe chill followed

by high fever, cough, soreness of chest and difficult breathing. She was given *aconitum*, two hundredth, in water. It became a case of double pneumonia, the areas of consolidation being so great that only the apices of the lungs seemed able to work. The temperature continued around 104°. With the cough there were splitting headache, hoarseness and aphonia. She was worse at night and at the least sign of cold. I therefore gave *phosphorus*, two hundredth, in water, every two hours a teaspoonful. The two remedies named were all that she received. Resolution came the fourteenth day and continued without interruption. A perfect cure was achieved.

### GONORRHŒA—SYCOSIS.

Why do some physicians, whose affiliations create a presumption in favor of homœopathic practice at their hands, cast consistency to the winds and start a medical debauch when they encounter a case of venereal disease?

Hahnemann's words, quoted in the opening pages of the chapter on Syphilis (q. v.), are apt in this connection. Add *Organon*, Sections 202-6 inclusive, not omitting the foot notes, and the authoritative condemnation of local and allopathic treatment of gonorrhœa-sycosis is complete.

Turning from destructive criticism to the far more congenial task of illustrating therapeutics according to Hahnemann's art, the following sketches are offered:

I. *Apis* (*apium virus*) is too little understood. A copious secretion of thin, ichorous discharge, with burning, stinging pain, should at once lead to a search for additional symptoms of this medicine.

II. *Argentum nitricum* must not be ignored. This shamefully abused drug really has symptoms in the class we are considering. Unfortunately, they are not of first value in selecting a remedy, as they mostly come from poison sources. Urethra swollen, hard, knotty and painful. Abuse of *argentum nitr.* is antidoted by *natrum muriaticum*.



III. *Calcarca carbonica* sometimes follows *sulphur* in case of a fat subject who presents the characteristic general indications of *calcarca*.

IV. A number of years ago a young woman of my respected acquaintance entered my office one day and opened the conversation with the remark, "Doctor, I have the gonorrhœa; and Mr. ———" (one of my occasional patients) "gave it to me." Subsequent investigation proved the truth of her entire statement. Both patients were cured by me. Would that all sick people were equally candid with their physicians. It takes a good deal to surprise an old clinician. That young physician was powerfully shocked. Hers was a clear *cannabis sativa* case: burning, smarting in urethra, from meatus to bladder; urethra swollen and sore [*thuja*]; stitches and greater burning when urinating, worse at the end of micturition, almost constant desire to urinate; urine whitish and turbid; scanty specific discharge. *Cannabis sativa* alone cured her perfectly. It was the two hundredth in water given every two hours until relieved somewhat and then an hour added to every interval. His case follows next.

V. He was a dark, stocky, big-necked, powerful fellow, and bothered me a little at the start. After one or two zig-zags, I found the similar in *cantharides*: burning, cutting in urethra when beginning, during and ending micturition; frequent urging; violent tenesmus, urging when standing, worse when walking, less when sitting; thin split stream; painful priapism, testes drawn up. *Cantharides* nearly finished the case—all but the annoying "last drop," which, with its persistence, has proved too much for the good intentions and endurance of many a physician and patient who neglect to have a full understanding beforehand. I had carefully explained to the man that we must be steadfast; that complication would surely be produced by bad work; moreover, should he ever marry in a patched-up state, ruin would overtake his wife; but that if he

kept to the right way, health would be his in a few or more weeks. He stuck.

The "drop" seen on the linen every morning was thick and green. There was nightly chordee, drawing downwards, upwards [*fluoric acid*]. Given under these indications, a single dose of *mercurius*, high (never lower than the thirtieth centesimal, and preferably the one thousandth or higher, as the high works more thoroughly and longer than the low does), acts not only against the sycotic poison, but, if need be (as is likely in this case), against any additional syphilitic or psoric taint. This I have verified many times. The dose must not be interfered with. That is essential. It worked admirably in the case under notice. Neither the subject nor his family ever exhibited any trace of the disease afterwards.

The reader now knows where I place *mercurius* in the management of these cases. It is sometimes required in the early stages. Then generally there is blood with the green discharge, especially after priapism. Even in very acute cases I seldom give it lower than the one thousandth and make sure that the dose has been exhausted before repeating it; otherwise plenty of mischief may be looked for. (See also chapter on syphilis.)

VI. *Capsicum annuum*. Both sexes. Discharge purulent, bloody, sometimes foetid. Protracted gleet. Violent chordee. Coldness and shrivelling of genitalia. Impotence.

VII. *Clematis erecta* may be suggested by this peculiar urinary symptom; after great straining a few drops of urine pass away, followed by a full stream without pain; sometimes followed by dribbling. The gonorrhœal discharge is of thick pus. It is one of the remedies for suppressed gonorrhœa. See a long code of symptoms in Hering's Guiding Symptoms.

VIII. *Copaiba* has urine, smelling of violets; biting, burning and itching in urethra, before and after micturition; meatus swollen and sore; discharge of pus; pulsative pains throughout penis.

IX. *Cubeba*. Dark reddish mucus; thick, glutinous pus, excessive ardor urinæ; chronic gonorrhœa.

X. *Fluoric acid* is a neglected remedy in chronic cases; gleet. Sensation of fullness in spermatic cords; yellow drop from urethra in morning; fullness of glans and lower part of scrotum; penis curved in shape of letter S, greatly swollen, the prepuce œdematous to such a degree as to hide the orifice of the urethra; oily, pungent smelling sweat on genitals. It follows *silica* well, and antidotes its abuse.

XI. *Gelsemium*. Acute, inflammatory cases with scanty discharge; suppressed gonorrhœa, with fever, rheumatism, orchitis.

XII. *Hepar s. c.* Fig warts smelling like old cheese or herring brine. Herpes preputialis; small vesicles in groups, whitish, with red bases, and intolerable itching of parts; eruption exceedingly sensitive to touch.

XIII. *Mercurius*. See V.

XIV. *Natrum muriaticum*. See *argentum nitricum*.

XV. *Natrum sulphuricum* is recommended by Grauvogl for the "hydrogenoid constitution." He places it beside *thuja* in gonorrhœa-sycosis. Hering records the following, relative to the male sexual organs:—"Gonorrhœa, yellowish-greenish discharge of thick consistency; little pain; chronic gonorrhœa; suppressed. Condylomata, soft fleshy excrescences of sycotic origin, with greenish discharges. Preputial and scrotal œdema. Itching of genitals; of glans or penis, obliging one to rub; of scrotum, with burning after scratching; of perinæum and mons veneris." The foregoing are important.

The remedy covers a wide range of symptoms: glandular swellings; hydræmia; leucæmia; thrombosis; exanthema; excrescences; piercing pain in extremities; furuncles; bullæ; blisters; raw palms, exuding serum; paronychia; gummata; bad nails. Some of these manifestations are generally ascribed to syphilis and others to sycosis. I have often found them to be dependent upon syphilis, gonorrhœa-sycosis and bad treat-

ment combined. In any case suggested by the above symptoms I should be strongly influenced in favor of *natrum sulphuricum*, if I found also a spluttering, morning diarrhœa and the modality "better out-of-doors" [*puls.*]. *Pulsatilla* and *thuja* are closely related to *natr. sulph.*

XVI. *Nitric acid* has an important place, when sycosis is complicated with syphilis (q. v.). Pricking pains (particularly if like those made by a hot wire); sore, pricking ulcers; very sensitive erosions.

XVII. *Phosphorus* is an important remedy in gleet cases. Every morning a drop of watery fluid at the orifice of the urethra, sticking its lips together. Read case at end of chapter.

XVIII. *Phosphoric acid*. Gleety discharge in the morning; prostatic juice in the evening [see Varicocele]. Read case at end of chapter.

XIX. One of the best and most favorably known of the old school physicians of Manhattan, engaged in general practice, came frequently to my office on business of a non-professional character. Our relations were cordial. We never mentioned physic. He was a member of the County Medical Society, fellow of the Academy of Medicine, and otherwise affiliated with the most orthodox associations. One day he tarried after business had been transacted and social amenities observed. Something was on his mind. At last it came out.

"I have a case of gonorrhœa that gives me a great deal of trouble. I have done everything for it; but it keeps on; and now the man is in bed with a big orchitis, which gives him more distress than all before it. What would you do for it?"

"Injections?"

"Oh! yes."

"Cubebs, copaiba, sanmetto and all the rest?"

"Yes, yes."

"Much pain with micturition?"

"Not great."

"Much discharge?"

"A good deal at first; not much now."

"What consistency and color?"

"Thick and yellow."

"What sort of a looking man is he?"

"Average size, light complexioned, with blue eyes."

"What sort of a disposition has he?"

"Well, I must say, he has been wonderfully good natured."

"How much thirst?"

"I haven't noticed any great thirst."

"Doctor, of course it won't do to promise a cure; but I have here a medicine that would, in all probability, cure your patient."

"What is it?"

"That which you would not consider medicine."

"Now, I protest. That isn't fair. I am not bigoted. If you say the medicine will cure, let me have it. I will give it as you direct."

"Well, here it is" (handing a vial of *pulsatilla*, two hundredth, in pellets, to him). "Give four pellets every two hours until improvement is noted, and then add an hour to every following interval. There must be no other medicine used, locally or constitutionally. When it cures the entire case, let me know, and I will tell the name of the medicine."

Months slipped by before we saw each other again. Our business meanwhile had been transacted in a perfunctory manner, through the mails. I well knew the reason of his absence. Not a word as to medicine passed between us when next we met. The following time, seeing an opening, I said, "Doctor, did your patient get well?"

"Oh! yes; it was time for him to get well, after all the medicine he had taken."

My neighbor looked at his watch, and hastened away to meet an appointment. He could not forgive the cure. Fortunately he never learned the name of the successful medicine.



Why did I give *pulsatilla*? Because of mild disposition; thirstlessness; nearly painless micturition; profuse, thick, yellow discharge; orchitis; for neither of these indications singly, but for all combined. It will not cure a case dissimilar to these indications.

XX. *Sabina* cases have been seen by me mostly in dispensaries and hospitals. Fig warts with intolerable itching and burning; exuberant granulations. Hot, moist fig warts around the external genitals; pains starting in back and extending to abdomen or lower extremities, pains ending in back [*sepia*]. The gouty, right great toe is characteristic, if present. *Sabina* follows *thuja* well.

XXI. *Sarsaparilla*. Gonorrhœal articular rheumatism.

XXII. *Sepia*. Mr. Cr—— was a wreck. While in the prime of a vigorous life he had become poisoned with gonorrhœa; had dosed and injected it to complete suppression; which was followed, very naturally, by gleet, stricture and operations; and supplemented by rheumatism and sciatica. By the way, I have noticed that one of the latest, fashionable suppressing agents, ichthyol, which had been employed in this case, seems to be the parent of much sciatica, either side, starting at the sacrum and often extending to the foot. Additional cases may confirm the observation. Mr. Cr—— omitted nothing. He was lying helpless in bed.

Fortunately he fell into the hands of a Hahnemannian physician, who faithfully instructed him, and succeeded in re-establishing the original discharge. I do not know what medicine was given.

Some time after that my connection with the case began. The sciatica was the most troublesome. It had been the last symptom to appear; and as it tallied very closely with *tellurium*, he received a dose of the same (cm., F.). (See chapter on Prostate Gland.) *Tellurium* helped the sciatica and all other

symptoms. In about ten days he came to a standstill, and furnished this new picture:

Scanty, yellowish stain on linen; priapism; satyriasis; itching and sweat on sacrum; pain, weakness and stiffness, especially in sacrum and small of back, worse from exertion, better from pressure; pains extending from other parts to back. *Sepia* cm. [F.] relieved all symptoms greatly, but wore out in ten days, when he received a second and final dose of the same.

In three months from our first interview he was so nearly cured that he entered upon the prosecution of an important business enterprise at a distant place, having a slight limp as the only evidence of previous trouble.

"Gonorrhœa in women, after acute symptoms have subsided." (Hering.)

XXIII. *Silica*. "Pus or pus-like bloody discharge." (Hering.) If, in addition, one finds three concomitant symptoms that are characteristic of this medicine, he need hesitate no longer. He has found the right remedy.

XXIV. *Sulphur*. Gleet. Gonorrhœal rheumatism. Inflamed eyes. A study of the full text is necessary in order to insure a right decision.

XXV. *Tellurium*. See *Sepia*.

XXVI. *Thuja occidentalis* first suggests warts to the mind of the average physician. It was hot, moist fig warts, bordering the external genitals and anus. Seen mostly among charity cases. Occasionally a filthy fellow who would like to be classed among gentlemen will show them. His record is clearly sycotic. His split hair, or dirty brown skin, or peculiar borborygmus, or blood boils on the back, or other equally characteristic symptoms, complete the necessary tripod and insure the choice of *thuja*.

Dry, split, pediculated growths are more commonly met, and the cases are harder to place. The concomitant symptoms and modalities, such as "fixed idea;" toothache from tea; drink

rolls audibly into the stomach; worse from tea or onions; worse in the evening, etc., are most useful in deciding. The well-selected *thuja* cures.

Were I to meet with warts in the *urethra*, I should be governed by the same considerations. Mechanical removal should not be thought of.

Every gynæcologist has probably encountered "cauliflower excrescences, bleeding easily and smelling offensively; condylomata, moist, suppurating, stinging and bleeding." [Granular vegetations in vagina, *staphisagria*.] Has he also traced a sycotic history, obtained all the remaining symptoms, found a picture of *thuja* and given it? If so, he has been rewarded with success. I know it, from experience.

The alert physician is not apt to overlook the objective symptoms already described. It is the unsuspecting wife, who has pus tubes and inflamed ovaries since marriage (not due to unwholesome practices), whose case at best is severe and tedious, that does not receive the benefits of *thuja*, when her physician does not grasp the full meaning of her sickness nor recognize the indications for the remedy. One of my male patients mistakenly thought he had been cured of gonorrhœa by injections. He married. His wife had been a well person, but soon after marriage developed pus tubes and inflamed ovaries. I was directed to the curative medicine for her by constipation of hard black balls; the peculiar borborygmus and violent colic accompanied by sweat on uncovered parts only. *Thuja* was effective.

I remember the merchant with gonorrhœal rheumatism, cured with *thuja*. "Rheumatism with numb feeling, worse in warmth," tallied well with the diagnostic suggestion and led to farther study of the text of the remedy, which brought confirmation of the choice.

A commercial agent puzzled me for a time with his persistent gonorrhœa. After making some mistakes, I succeeded in

getting a true picture:—scalding when urinating, urethra swollen; stream forked; discharge yellowish-green, watery; red erosions on the glans. The remaining symptoms corresponding, *Thuja* was given and proved curative.

*Thuja* has pricking pain in chancre, like *nitric acid*, when sycosis is complicated with syphilis (q. v.); but the resemblance ceases there. Further comparisons will serve to distinguish between them.

There is no other remedy in *materia medica* more abounding in grand characteristics, or better deserving of careful study, than *Thuja*.

In ferreting out a difficult case of gonorrhœa, it is my habit to consult page 619 of Knerr's Repertory as an aid to the study of *materia medica*.

The question often arises, how to re-establish a suppressed discharge, thus enabling the physician then to treat the case as if it were new. The first duty is to instruct the patient that his trouble never had been merely local, but was constitutional, and that local medication is abominable and must never again, under any circumstances, be used, no matter how plausible the excuse. He should be emancipated from fear of gonococci and informed that they will disappear as the cure progresses; and made to understand that the homœopathic medicine is all-sufficient to cure the case and should not be interfered with under any plea. Next the sound Hahnemannian method should be adopted. Get all the symptoms, including, if possible, a knowledge of the drugs which have been employed, and prescribe for the sum total. *Nux vomica* antidotes many of the old-fashioned suppressing agents. I have often been successful with that medicine. It is somewhat different when one comes to deal with the fashionable suppressing engines of to-day, they are so wickedly effective. They fix the disease in the system and combine drug effects with the natural disease, thus producing a result that cannot always be overcome. *Hepar* and *sulphur* are to be thought of against the metals.

If the native powers of the subject have not been too violently assaulted and subdued, persistent adherence to *similia* will eventually conquer. Whatever symptoms prevail, one should give the corresponding medicine. The case will unroll in inverse order to the rolling up. In the progress of recovery judgment is needed to decide when to select a new remedy according to the symptoms, remembering to never change while the sum total is improvement, even though new symptoms appear. Once the discharge is re-established the worst is over, although complete restoration to health may be only tardily accomplished. For instance:

Mr. McCo—— found himself the victim of gonorrhœa, and placed himself under the treatment of an eminent physician who gave medicine by the mouth, and at the same time injected “red liquid” into the urethra. After some time the injections were changed to something very powerful, which caused the discharge to diminish rapidly and soon disappear. He saw nothing wrong; felt well and was pronounced “all right” by his physician.

Fool’s Paradise! Soon he was laid low with rheumatism, which set all opposition at defiance. After a long and fruitless siege he enlisted in the homœopathic army.

My day book shows that on the eighth day of April, 1901, he received *rhus tox.* two hundredth, every three hours until relieved. I well recollect the general muscular involvement, the restlessness, momentarily relieved by motion but pervaded with fatigue and exhaustion; the peculiar tongue. It was upon these and this kind of indications that the prescription was founded. It did its allotted work, advanced our cause, and made way for a new scheme.

*Bryonia* followed, given in like manner. The pains were sharp, worse from motion, better from rest. Patient wished to lie, and was worse when sitting up; with thirst for large quantities of water, at long intervals. It was a useful prescription. It and its predecessor occupied the field eight months.



The rheumatism seemed almost ended. Then came a halt and a new presentation.

January 8, 1902, he received a single dose of *sulphur* cm. That is not a bad way to employ *sulphur* in chronic cases, according to my observation. He had constipation with itching of anus; rheumatism mostly in feet; itching soles when walking; cramps in calves and soles; jumping when at the point of falling asleep. Relief came soon, and he went to work after a long disability. At the same time there was a new development.

The much desired discharge reappeared, but only as a mild gleet, perceptible upon the linen, and glueing the lips of the meatus in the morning. An escape of prostatic fluid, which he believed to be semen, caused him considerable mental uneasiness. February 12, 1902, he took *phosphorus* two hundredth with benefit. Question: Would *phosphoric acid* have been more appropriate with the more recent knowledge of the existence of varicocele? (XVII and XVIII.)

April 8, 1902, he took a dose of *mercurius vivus* cm., as the "drop" had become thick and green, and there was nightly chordee (V). Improvement followed and stopped. The case veered once more to *sulphur*, which he received July tenth.

August twenty-first, October eighth, December eighth, he again received *phosphorus*, each repetition following the cessation of improvement.

The case ended there. He has remained well.

## ORCHITIS.

So long as the mischievous and utterly indefensible (no matter what plausible excuse be urged in extenuation) practice of using injections "for" gonorrhœa exists, so long will there be many cases of orchitis. The number will be recruited by the metastasis of parotitis—mumps—to the testicle, and from other occasional sources.

What shall be done with the individual case?

First, cease to do evil. Have a good talk with your patient. Explain the difference between suppression and cure. Tell him that metastasis means something worse than the original ailment every time. Have it all out with him, that your endeavor will be to cure the secondary trouble, while at the same time establishing the original discharge. Bitter but salutary. And your patient will respect you forevermore. Second, secure rest. Third, do not strap, but supply a legitimate support, such as a suspensory bandage affords. Fourth, select a remedy similar to all the symptoms and give it. This is of supreme importance.

*Aurum met.* Chronic variety.

*Gelsemium.* "Suppressed gonorrhœa, with fever, rheumatism, orchitis." (Hering.)

*Hamamelis.* Sluggish cases, having general venous preponderance.

*Mercurius vivus.* Of prime importance in cases of metastasis from mumps. If metastasis is from suppressed gonorrhœa, and it can be learned positively that the discharge had been thick, purulent, green; later nightly chordee, drawing downwards; then the presumption is strong for *mercurius*. If, in addition, the right side be affected, the pain severe, drawing, extending into abdomen and lower extremities, scrotum red, shining, itching, chill alternating with heat; great mental depression, then this medicine is certainly indicated. A single dose, high, serves me best.

*Pulsatilla.* Probably used more frequently than all else; with a brilliant record of successes, sometimes punctuated with failures; for the medicine will not work a cure unless indicated by the symptoms, the single symptom, orchitis, being insufficient to base a prescription upon. Its great field of action is in metastasis from gonorrhœa. "Burning and aching of testicles with or without swelling." "Suppressed gonorrhœa, with swelling of testicles, contraction of urethra and discharge of

dark-colored blood, with tendency to inflammation of eyes; prostatitis; rheumatism, pains wander quickly from one part to another; strictures of urethra; chordee." "After suppressed gonorrhœal discharge, swelling of left testicle and epididymis; two months later, after catching cold, swelling of right testicle and spermatic cord; chilliness, lassitude, nausea, diarrhœa, griping, pressing, cutting pains in abdomen extending up to loins, and region of kidneys; loss of appetite, thirst; severe pain when genitals are allowed to hang down without support; after *pulsatilla* a yellowish-green discharge appeared from urethra."

*Rhododendron*. My own lack of experience with this drug, which has done great work for others, argues that I have overlooked it or that my cases have not required it. Its proven sphere of action includes the tissue under notice. Both sides are included. Very sensitive to touch; soreness extending up and down; tensive, bruised, sticking, violent pains; acute and chronic orchitis; hardness; sometimes atrophy, but oftener great swelling; tendency to effusion. Hydrocele. Hydrosarcocele. The *rhododendron* patient is worse in wet weather and better from motion.

## STRICTURE OF THE URETHRA.

I have cured numerous strictures. My first effort has been to re-establish the discharge (as spoken of elsewhere). When success attends that step, the task is simplified and shortened. Medication alone may then sometimes be sufficient.

*Arnica*. In connection with the remedies given under Gonorrhœa-Sycosis, recollect *arnica* after bruising, rough treatment.

*Graphites*. "Stricture of urethra with sudden arrest of flow, then oozing of snuff-colored slime in a long thread, or, instead, a few drops of bloody water; after micturition, sudden peremptory urging near glans or seems to run back when

costive." Turn the leaves of *materia medica* and read in the section devoted to the skin, with two heavy marks before the words, "Old, hard scars." Being accustomed to read between the lines and to think, these hints will suffice for you.

*Natrum muriaticum* antidotes *argentum nitricum*. What a field!

*Natrum sulphuricum* is very frequently needed after suppression, selection being made upon the symptoms given under Gonorrhœa-Sycosis.

*Nux vomica* is the antidote to many stricture-producing drugs. A word to the wise is sufficient.

*Pulsatilla* does not use the word "stricture" any more than it does "prostate;" but on its general symptoms it is valuable for both affections.

*Thuja* cures some cases, but upon the similar totality *minus* the word "stricture."

Refractory cases demand dilatation in addition, cutting less frequently. The physician who is handy with catheters will soon learn how to use bougies and sounds. A skillful use of these instruments combined with careful prescribing will leave but few cases for cutting. There is better absorption of the offending tissue when urged by pressure than when easily accommodated with the blade.

At or soon after passing the dilating instrument there may be faintness, which generally yields at once to a sip of water and a few reassuring words. Otherwise a dose of *gelsemium* may be needed for the moment. If a chill comes on, *aconitum* is the temporary remedy. One patient could never bear the slightest instrumental interference without having a chill. That fact gave me a valuable clue to the case. *Aconitum* followed by *gelsemium*, followed by *ignatia*, pushed his case along wonderfully. Sometimes *arnica* (bruising) is indicated after the operation. Still more often *staphisagria* (affinity for the urethra especially far back and more on account of lacerations). *Millefolium* rarely, when there is much

bleeding. After cutting nearly always *calendula*, possibly *aconitum* (fear, chill) or *millefolium* (bleeding); all given in potency by the mouth (see chapter on wounds).

What of the worst cases—beyond the reach of ordinary means of relief? Art provides for them. For instance, it has been my fortune to perform the “button-hole” operation twice. Some might term it “external perineal urethrotomy without a guide,” indicating the route adopted and the existence of an absolutely impermeable urethra. I willingly testify that this operation is the most tedious and annoying of all ever performed in that region. I believe Van Buren says that it requires “a long day, a bright day,” and more in the same strain. When attending surgeon to the Homœopathic Hospital, Ward’s Island, now the Metropolitan Hospital, Blackwell’s Island, word came to me one day that a patient required the button-hole operation. It would make the third at my hands. The House Staff had made faithful and fruitless endeavors to enter the bladder by the urethra with small instruments, including filiform bougies, and there seemed to be no way out of the difficulty except as indicated. The man was on the table, all ready for operation except submission to the anæsthetic, which in those days we used to start after all else had been prepared and the patient was on the table.

“Before you begin to give the ether, tell me, have you tried a large sound?”

“No, sir.”

I held a carefully prepared No. 18 (Am.) sound at a right angle with the body, point down, made entrance with it, passed to the turning place, turned, kept the point well to the upper surface of the urethra, and entered the bladder without making a false passage. Between three and four inches of firm, hard tissue had previously been bruised and perhaps torn, and required attention. Bleeding was not great. *Staphisagria*, two hundredth, in water, did the rest of the work. The patient was soon ready for his discharge.



## DISEASES OF THE PROSTATE GLAND.

The prostate gland is occasionally diseased before puberty. These rare cases are congenital or parasitic cysts, or malignant growths. After puberty there is a steady increase of liability to disease; and from the age of fifty years onwards the ratio steadily grows.

*Inflammation of the Prostate* may be caused by injury, horseback riding, suppressed perspiration, irritating drugs, gout, sexual excesses, and gonorrhœal poison combined with medical abuse.

Remembering the intimate relationship that exists between the mouth of the bladder and the contiguous portion of the urethra, one is not surprised at the variety and severity of symptoms that result in both from the united action of specific poison and improper dosing. The evils of local medication—suppression and metastasis—the certain effects of allopathy and enantopathy, of over medication with the similar, even,—all are here demonstrated, and show the truth of Hahnemann's teaching.

The inflammation is often severe, with burning pain deep in the perinæum; scalding, difficult urination; feeling of weight and stuffing in rectum; flattened fæces; vesical and rectal tenesmus; constitutional disturbance. The index finger inserted into the rectum readily detects a hard, sensitive tumor, sometimes large enough to obstruct the gut and make catheterization extremely difficult.

The first thing to be done is to banish injections and every form of local medication (if they have been used), no matter what may be the plea under which they have been used. They and the inappropriate constitutional medicine must go at once.

Rest in bed, careful nursing and light diet are requisite. Some patients enjoy a hot bath. It is well to let them have it. No blisters, leeches, cupping or bleeding. If practicable, do not use the catheter oftener than four times in twenty-four

hours. Skillful prescribing will soon establish natural evacuations. If catheterization is impracticable, do not hesitate to use the aspirator above the symphysis pubis, taking every precaution to insure cleanliness. In one of the worst cases, I aspirated every eight hours for two days, when the well-selected remedy triumphed, replacing all mechanical aids and working a speedy cure. Our principal duty consists in gathering all the symptoms of the patient, local and constitutional; selecting a similar remedy, and giving it.

*Arnica* naturally attracts attention in traumatic cases. I have seen it work well. Sensation as if bruised or beaten; drawing or tingling; bruised parts tingle, with numbness; sensitive to touch. Recollect the power of *arnica* to cause resolution in bruised parts and prevent the formation of abscess, which is threatened in the kind of cases we are considering. Nervous, sensitive, sanguine people. Give the medicine in potency, by the mouth. A few experiences with crude *arnica* locally or constitutionally, resulting in erysipelas, will be apt to cure the physician of that sort of practice.

I always think of *aconitum* in comparison with *arnica*, in the traumatic cases described, and also after checked perspiration. Both are irritable and impressionable. Both have one red cheek. *Arnica* has more chilliness; *aconite* more fever and thirst. Wine may help the *aconite* patient; everything alcoholic is bad for the *arnica* patient. Insomnia from fear, fright and anxiety, are stronger under *aconite*, and it has more thirst. After cutting instruments, consider *aconite* [*calendula*]; after bruises, *arnica*. For catheter chill, oftenest *aconitum*.

*Belladonna* works well in acute chilled cases having great local sensitiveness to pressure or jar; violent pressing and urging downwards; throbbing. Pains have violent paroxysms, quick in their onset and equally quick in subsidence.

*Mercurius cor. subl.* has vesical and rectal tenesmus simultaneously; violent, burning pains, with discharge of blood.

Compare *millefolium* if there is great bleeding; *silica* if a general tendency towards ulceration exists.

*Staphisagria* is the remedy if there be laceration of parts—not cutting as supposed by many. [Compare *aconitum* and *calendula*.] “Frequent urging to urinate with scanty discharge in a thin stream, or discharge of dark urine by drops.” “During and after micturition burning in the urethra; after micturition, urging as if the bladder were not emptied.”

*Nux vomica*. If the trouble be in consequence of combined gonorrhœa, alcoholism, excessive venery, big doses by the mouth of *cubebs* and *copaiba*, for instance, “La Fayette” and others of that class, together with the common, diabolical injections, this medicine is often the remedy to begin with. Frequently the composition of the offending lotion can be ascertained. If nitrate of silver be the principal substance, *natrum muriaticum* is the antidote, to be given by the mouth; if corrosive sublimate has been applied, compare *hepar* and *nitric acid*. But often *nux vomica* is needed to begin with. As soon as it has subdued the misapplied drugs, there will be an abatement of the severity of the case, and, what is of great importance, the original symptoms will reappear. Then they can be studied and prescribed for properly, as if they represented the original gonorrhœa.

*Aurum metallicum* occupies a peculiar position; and is a remedy for both acute and chronic conditions, hinted at largely by the mental symptoms, especially in alcoholic patients. Even the recent graduate knows that alcohol, reckless venery, and harsh medicine are frequently associated. A man under such influences is well acquainted with the bromides, chloral, narcotics and all sorts of hurtful things. What an opportunity for gonorrhœa and specialism! And the harvest? Well, one of the legitimate fruits is inflammation of the prostate. All this is met by *aurum*, if the case otherwise corresponds, as follows: “Suicidal mania; painful ischuria, with pressure in blad-

der; discharge of prostatic fluid from a relaxed penis; cutting and stinging in perinæum."

The few cases of inflammation of the prostate gland due to gout that have come to my notice have yielded to *aconitum* (already sketched), *kali bichr.* and *kali carb.* Of course, the field to select from is much larger. The salts of potash need to be compared with each other carefully.

*Kali bichromicum.*

For young, ruddy, fat, light-complexioned subjects.

After micturition, burning in back part of urethra, with sensation as if a drop remained behind, with unsuccessful effort to void it; stitches in urethra. Painful drawing from perinæum into urethra. Stitches in prostate when walking. Prostatic fluid escapes at stool.

Sharp, burning pains. Shifting pains in small spots.

Worse 2-4 A. M.

*Kali carbonicum.*

For aged, pale, anæmic, dark-complexioned people. Puffy between eyebrows and upper lids.

Prostatorrhœa after micturition.

Sharp, burning pains. Rheumatic pains in knees worse when going upstairs.

Worse 2-4 A. M.; often 3 A. M.

*Pulsatilla.* After urination, spasmodic pain in neck of bladder, extending into thighs. At end of urination, dropping of blood; priapism, especially in the morning; seminal emissions; drawing, tensive pains, from abdomen through cords to testes; prostate enlarged; small flat fæces; yellow or yellow-green discharge.

*Thuja*. After urinating, feels as if a drop were running down urethra; nightly painful erections, causing insomnia; gonorrhœa; scalding urine; urethra swollen; urinal stream forked; discharge yellow, green, watery; warts; red erosions on glans; rheumatism; prostatitis; sycosis; impotence; swelling of prepuce; left testicle drawn up; aching in testes as if contused, worse when walking; sweetish smelling sweat on scrotum.

**ABSCESS OF THE PROSTATE GLAND.** The symptoms of acute inflammation get worse. Retention of urine; rigors; higher temperature; delirium; the finger in rectum detects fluctuation. On account of the retention of urine, the physician will not be too deliberate about operating. In fact, an attempt to pass a silver catheter has sometimes opened the abscess quite successfully. If it points towards the perinæum, there are great swelling, redness and œdema. A long, straight bistoury is then the proper instrument to use. If towards neck of bladder, use lanceted stylet. The physician will recollect that the abscess may discharge into any of the adjacent cavities or parts; that there is a large element of danger; that perinæal section may become necessary; that a fistula may be established. After all, the principal service to be rendered consists in prescribing the similar medicine. That medicine will do more and better work than all else. (See Chapter on Abscess.)

**ULCERATION OF THE PROSTATE** scarcely deserves separate mention. It is not of frequent occurrence, and not readily diagnosed. It is generally complicated with prostatitis and cystitis. Constant secretion of thick, glairy mucus; weight, aching, throbbing at neck of bladder, and burning pain while urine accumulates in the bladder, are suggestive. Microscopical examination of the discharge may be of assistance. Ulceration should not be confounded with it.

**PROSTATORRHŒA**—a transparent discharge, especially while at stool, attended with tickling in the gland, which often extends forwards, even the whole length of the urethra. It is otherwise painless. It generally frightens the patient, who



fancies that he is losing semen and is about to become impotent. It is one symptom. Study especially *agnus castus*; also *carbo veg.*, *hepar s. c.*, *kali bichr.*, *lycopodium*, *natrum carb.*, *selenium*, *sepia*. *Conium mac.* is usually but not necessarily an old man's remedy. "Sexual desire without erection. Discharge of prostatic fluid on every change of emotion, without voluptuous thoughts; with itching of the prepuce. Bad effects from suppressed sexual desire or from excessive indulgence." If the characteristic hypochondriasis and vertigo exist, the more certain will be the similarity.

SPERMATORRHŒA is more copious than prostaticorrhœa, and occurs at night during a lascivious dream. This is a single symptom, and needs to be studied in all its relations before selection of remedy is made. It may be differentiated from cystitis, by remembering that the latter has a mucous discharge, which occurs only when urine is voided; and from GLEET [see Gonorrhœa-Sycosis], which is opaque and stains the clothing. The pathologists' examinations also clear up the difficulty, if any exists. Prominent among the remedies are *alumina*, *calc. ost.*, *carbo an.*, *carbo veg.*, *cinchona*, *cocculus*, *conium*, *digit.*, *gelsem.*, *graph.*, *hepar s. c.*, *lyc.*, *natr. mur.*, *natr. sulph.*, *nux vom.*, *phos.*, *phos. ac.*, *puls.*, *selen.*, *sepia*, *staphis.*, *thuja*.

ENLARGED PROSTATE GLAND. I did not say hypertrophy of the prostate gland. Let the learned pathologists discuss that. For the practical Hahnemannian, it is sufficient to say enlarged prostate.

Alcohol, excessive venery, sedentary occupation, horseback riding, gonorrhœa, stimulating diuretics, disease of the bladder, chronic prostatitis and stricture are recognized causes of enlargement. To these should be added sexual perversion in youth and middle age; and, especially, vicious medication, both local and constitutional, combined with venereal disease. It should be remembered that there must be other possible causes, for subjects are sometimes seen who have led irreproachable lives. These, by the way, are often *conium maculatum* cases.

Whatever may be the cause, we often find the adjacent parts, particularly the bladder, involved in consequence.

Enlarged prostate is as common as appendicitis. The latter has the advantage of being in brand new dress and "up to date;" but the former has the privileges of a veteran, makes real trouble for many men, and, best of all, has become the profitable target of numerous gentlemen, who are bringing it "up to date" with a hurrah. Massage and "milking," burning and cutting,otomy and ectomy, castration and—but the list is tedious.

Nicholas Senn, M. D., in the Journal of the American Medical Association, August 15th, 1903, writes as follows:

"It is not long since thousands of ovaries were sacrificed under the belief that the anticipated climacteric period would correct all kinds of obscure nervous affections until sad experience proved the contrary. Craniectomy for microcephalus had a short but exciting career. It is impossible to estimate the number of healthy appendices that have been removed by surgeons who rely on pain in the right iliac fossa as a conclusive evidence of a diseased vermiform appendix, and resort to the knife as the only remedy. Castration for enlarged prostate has unsexed hundreds of men without yielding them an equivalent in relief for the loss sustained. Gall-bladder surgery has now a few extremists who affirm that it should be dealt with in the same medical manner as the appendix when it is the seat of disease. Instances could be multiplied, but the early history of the operations mentioned will suffice that new operations are very likely to be abused when first placed on trial, and prostatectomy cannot escape a similar fate."

I have just read the obituary notice of a prominent man who died after prostatectomy. The necrologist says, "The operation was a success, no fever or septic trouble supervening, but his sufferings still continued, and under the constant pain his appetite failed, and he gradually succumbed."

This is a common occurrence. The operation is always a

“success;” but the suffering afterwards is sometimes as great as, or greater than before, despite morphine; and presently the patient dies. Should an operation be called successful that yields no benefit to the patient?

Dr. James E. Moore, in the *Annals of Surgery*, March, 1904, after alluding to the considerable death list of prostatectomy, dwells upon the following “Complications and Sequels of Prostatectomy:” Uræmia, sepsis; cystitis; stone; injury of peritoneum, muscles, blood vessels, nerves; hæmorrhage; traumatic stricture; extensive injury to bladder; injury to rectum; destruction of seminal ducts; incontinence of urine; perinæal fistula; communication between urethra and rectum; epididymitis.

Dr. George Walter Hawley, in the *Annals of Surgery*, November, 1903, extends the lamentation as follows:—“Theoretically, reduction by prostatic shrinkage would be ideal, could it be made extensive enough to bring about complete reduction without great injury and risk. The operations having this end in view include the so-called sexual operations (castration, vasectomy, angioneurectomy, etc.) and Bottini’s galvano-prostatotomy with its numerous modifications. The sexual operations are based on the fact that empirically some prostates do shrink, and that experimentally atrophy of the glandular tissue of the prostate results. The degree of shrinking must vary with the proportion of glandular tissue in the hypertrophied organ. In pure adenomata, which are rare, we would expect complete diminution in size, but in the large majority, where considerable increase in the fibromuscular tissue exists, only such slight decrease in size as would but slightly influence the elevated bladder. That such is the case is substantiated by the small percentage of cures and the large proportion of “improvements” recorded. Even were the resulting atrophy greater, the operative risk is by no means small. The sexual operations must soon find an early abandonment.

The Bottini principle relies on shrinkage by the actual de-

struction of a certain amount of prostatic tissue and by the resulting contraction of the scar tissue. It attacks the uppermost portion of the retro-urethral prostate, the so-called obstructing mass. It does diminish the size of the protruding mass, but only to a degree, and cannot do so thoroughly without extensive destruction. As would be expected, it results in improvements, varying with the amount of the vesical elevation. Besides its failure in causing effective reduction, it necessitates injury to the bladder, which sometimes extends to other structures, as the ureters and rectum, and even under improved methods of application it is unsurgical and productive of no small death rate."

These admissions are from the Old School.

Case for case, the Hahnemannian surgeon will have a longer list of real benefits from any operation, with fewer complications and sequels, than his old school neighbor has, because he gives medicine similar to all the symptoms of the case before, at and after operation. It is certain that while there is occasionally a legitimate subject for operation among enlarged prostate glands, the great majority do not require operation and can be much better served with homœopathic medicine. If homœopathy were universally applied as soon as required no case need ever to reach the table unless of traumatic or malignant origin.

In the various affections of the prostate gland, so often associated with those of the bladder and the entire genito-urinary system, the clinician will do well to keep in close touch with the pathologist. The latter is now so skillful that he can help to a pretty sure diagnosis.

We must remember that diagnosis does not determine the prescription in the least; but it arms the physician in many ways, as all will admit, and especially influences prognosis and general management.

If one lateral lobe of the gland enlarges at the expense of the other, we have a lateral curvature of the urethra. If the

middle lobe alone enlarges, it is apt to be backwards into the bladder, thus raising and elongating the prostatic portion of the urethra. These changes in the course of the urethra necessitate skill in the use of catheters of different construction and pattern, and have led to the extensive use of the soft catheter, which has great merit. Nevertheless, I believe that unless the physician is skilled in the use of various catheters he is destined to see many of his patients belonging to the prostatic class drift into the hands of specialists. True, the physician may most need help in the selection of a similar remedy; but when has the specialist been known to make painstaking search for that?

Irritation at neck of bladder; frequent urination; these increasing in severity and frequency; then difficulty in starting urine; slight burning pain along urethra and in glans penis; prostaticorrhœa; sensation of ball in rectum; general health slowly undermined; alkaline, thick, foetid urine, with much deposit, apt to decompose quickly and give off ammoniacal odor; catheter life imminent or established; increase of suffering; patient badly worn; perhaps calculi and cystitis. The physician's index finger in the rectum, aided, it may be, by a sound in the urethra, detects the enlarged, hardened body, often laterally distorted.

Now comes the wholesale cutting which Senn declaims against, the Bottini operation which Hawley dismisses, drugging, etc. Often have I seen patients begin to improve as soon as this programme was abandoned entirely, and *nux vomica* or *pulsatilla* or other suitable medicine given. In this, as in every bodily disease, it is necessary to take the entire case—location of pain, kind of sensation, concomitants, modalities. If washing of the bladder seems to be indispensable for a short time, it should be with normal salt solution. Borax, bichloride of mercury and all that they imply are pernicious and utterly inadmissible. Every Hahnemannian knows that they will be



absorbed in part, if used, exhibit symptoms, obscure the case, and interfere with the constitutional remedy.

In an elderly patient with an enlarged prostate which is giving him trouble all cause of bodily chill should be avoided. The loins and feet should be warmly clad. He should never step upon a cold floor. Temperance in eating and drinking is essential. The bladder should never be painfully distended. He should be constantly in the care of a Hahnemannian physician.

Our materia medica yields rich returns to the physician who searches for all the symptoms in each individual case of enlarged prostate gland. Attention is called to some well tested remedies.

*Aconitum nap.* I can best show the place where *aconitum* belongs by relating a little history. One of our city officials submitted to an operation upon his prostate gland and urethra at the hands of a well-known surgeon. A tremendous chill followed. This was met by heavy doses of quinine and other "treatment." The patient went into collapse and sank rapidly. The family were about evenly divided in allegiance to the old and new schools of medicine. The new school faction then rallied in force and demanded homœopathic counsel. Under the circumstances, it is not strange that they carried the day. Our professional neighbor saved his society membership by stepping aside while the Hahnemannian wrought.

My first thought was of the nature of the operation—cutting, and probably tearing to some extent. My knowledge of the operator led me to believe that he would mostly cut instead of tear, if any question of method were to arise. Therefore, from *aconitum* (after cutting), *arnica* (after bruising), *calendula* (cutting), *millefolium* (cutting and bruising, especially the bladder), and *staphisagria* (tearing and especially the region involved), the choice must be made by means of the concomitant symptoms. Observing that pale, shrunken, agitated face staring at me, great restlessness and thirst, and a pervad-

ing fear of death, it did not take me long to decide upon *aconitum*. I called for a tumbler half filled with water, and a teaspoon. A few white pellets from my pocket case were dissolved and stirred. I gave a teaspoonful every five minutes for a quarter of an hour, then every ten minutes. Soon a slight reaction was observed. Then I left directions to give every hour until my next visit, not long after.

This prescription did its appointed work. Others followed as they were needed during convalescence. The patient is well. The medical gentleman "would like to know what did it." Had he been courageous and sensible and met properly, I should have advised him in the consulting room and handed the medicine to him. He should have administered it and saved the situation. As it is, he still wonders.

*Arnica* has just been alluded to, and more in detail in the discussion of inflammation of the prostate (see *aconitum* in same connection), enough to indicate where its action belongs—in the class of traumatisms, especially bruising. Can a prostatectomy be shown without more or less bruising or tearing? Therefore *arnica* should not be overlooked after that operation (see *staphisagria*); nor forgotten before operation—without regard to it—when prescribing for the enlarged prostates of bicycle riders, cavalrymen and others. Routine local applications of this medicine are inappropriate. Sole reliance should be placed in the potentized, given by the mouth.

*Apis mellifica*—*Apium virus*. Lippe and others testify to cures with this drug. It certainly deserves attention. "Excessive pain in vesical region." "Vesical tenesmus with frequent slight discharges of red urine." "Frequent desire to urinate, so frequent that not only passing urine very often during the day, but necessary to rise ten or twelve times during the night. Affection of prostate gland." "Difficulty in voiding urine, must press a long while before he can commence. Affection of prostate gland." "Burning and scalding in urethra, especially near the neck of bladder, during and after

urination." "Frequent desire to urinate and pressing down in the region of the sphincter vesicæ. Enlarged prostate." "*Apis* has cured when *thuja*, *phos.*, *canth.*, etc., had failed in affections of the prostate gland." (Hering.)

*Aurum metallicum* is a grand remedy for the large prostate, when the symptoms tally all round, as indicated under Inflammation of the Prostate, a few pages back.

*Calendula* has been alluded to, in comparison with *aconitum* and *millefolium* after cutting operations in this region. It has sharp, cutting pain, best recorded by Lippe; and the potentized remedy given by the mouth is curative in my experience. The application of *calendula* during operations is of wonderful efficacy, and will be mentioned in the Chapter on Operations.

*Cantharides* must be given when its peculiar symptoms are encountered. If called to prescribe for a case that has been made subject to the Bottini or other cauterizations, and there be found priapism, and cutting pains in urethra, before, during and after micturition, *cantharides* is undoubtedly the proper choice.

*Carbo veg.* and *cinchona* both have ringing ears and exhaustion. The former has prostatic discharges while at stool; the latter is more lascivious. Both have turbid urine. The former has blenorrhœa; the latter contractive pain in urethra. The former has numbness of suffering parts; the latter, oversensitiveness to pain. They follow each other well. *Carbo veg.* is often indicated after burns. If otherwise indicated, it should help in time of trouble after the Bottini operation (see *Cantharides*).

*Causticum*. Reader, I strongly suspect that you have already mastered one or more cases with this remedy, and do not need any promptings from me. Very likely your cases had "pain in urethra and bladder after a few drops;" or "frequent urging to urinate, without passing any; then, while sitting, involuntary flow of it" (postures reverse of those of *pulsatilla*); perhaps "spasms in rectum with renewed desire to

pass water." Hering has nearly two pages of symptoms referable to the urinary and male sexual parts, not to mention the marked general characteristics. In case of doubt, they should be consulted.

*Conium maculatum*. One of Hahnemann's provers of *conium* reported "pain as if a knife were cutting through the middle of the scrotum, between the testicles up to above the root of the penis, often returning after a short time." Hemlock is a great remedy for dizzy old men with large prostates. Read the introduction and symptoms in Hahnemann's *Materia Medica Pura*; and don't give *conium* to every septuagenarian without discrimination.

"Burning in the urethra, in the morning, immediately after urinating, for half an hour." "Violent stitch in the urethra, extending forwards to its orifice." "Suppression of urine; ischuria." "Strangury." "Cramp-like pressure in the region of the neck of the bladder, from without inwards, with sharp stitches, soon after urinating, which lasts many hours, worse when walking than when sitting." "Great pains in the urethra when urinating, which always brings along with it turbid, viscid mucus." "A sharp pressure on the bladder." "Diuresis with great pains." "After urinating, a smarting, urging to urinate." "Hæmaturia." "Frequent hæmaturia with tightness of chest." "When not urinating tearing through penis." [*Staphisagria*.] "Itching on the penis, mostly on the glans." "Uncontrollable sexual desire."

The following, from Hering's Guiding Symptoms, must end our notice of *conium*: "Chronic prostatic disease, the gland swollen, hard as stone, firmly fixed and much biting-itching, or biting like flea-bites, a weight like a stone in perinæum." "Discharge of prostatic fluid on every change of emotion, without voluptuous thoughts, or while expelling fæces; with itching of prepuce."

*Digitalis purpurea*. In the American Homœopathic Review, Vol. III., page 145, is a classical article by Prof. Ad.

Lippe, M. D., entitled "The Diseases of the Prostate Gland and Their Treatment." In that article he has this to say of *digitalis*: "*Digitalis purpurea*.—In the third volume of Hahnemann's Chronic Diseases we read the following symptoms, which give us a very accurate indication in some cases of hypertrophy and induration of the prostate gland:

415. Retention of urine.

416. *Pressure on the bladder* with a sensation of great fullness, which continues after passing urine.

419. Continued desire to urinate even after passing the urine.

420. Violent, fruitless effort to urinate.

421. Continued desire to urinate, with but a scanty discharge each time.

422. Uninterrupted desire to urinate, with discharge of but a few drops at a time.

425. Continued desire to urinate and when rising giddiness from it.

434. Incontinence of urine.

"The symptoms 416, 419, 420, 421, 422 and 425 are of frequent occurrence in the hypertrophy of the prostate gland, and will yield very readily to the smallest dose of *digitalis*. From my own clinical observations I can add a few more symptoms of *digitalis*.

"Before urinating and while the ineffectual pressure is causing violent agony, there is a throbbing pain as from a pulse in the region of the neck of the bladder. Before and after passing urine, violent stitches from the neck of the bladder to the end of the urethra. The desire to urinate, the pressure and suffering increases after a scanty discharge of urine, compelling the patient to walk about in great distress until after some time another scanty discharge takes place.

"The *digitalis* urine is generally pale but slightly cloudy, looking smoky. Motion increases the desire to urinate, but when it once exists, the patient cannot sit still nor lie down,



but walks about in agony, gritting his teeth and despairing. The sleep is often interrupted by these periodically returning attacks, the desire to evacuate the bowels often accompanying the paroxysms, very small soft stools are frequently passed without relief, the pressure in the rectum continuing."

*Iodum* has a number of peculiar symptoms of the male sexual organs. Among them is this: "Swelling and induration of testicles and prostate gland." It may serve as a starter for the reader, who can then make further comparison.

*Millefolium* may be needed after prostatectomy, particularly if through the bladder, when there is great bleeding accompanied with the peculiar symptoms of the drug. See Chapter on Stone in the Bladder.

*Pareira brava*. I have long wanted to see a *pareira* case. At last one came to Dr. Milton Powel instead of to me. His patient, "about fifty-seven years old, was taken to a hospital in great agony. The desire to urinate was constant, with sensation as if glans penis would burst and urine fly all over everything, yet he could not pass a drop. In his vain endeavors he got upon the commode every few minutes. The urine was drawn off every few hours. It was bloody, sometimes nearly all pure blood. Special counsel urged the Bottini operation and declared positively that there could be no recovery without it. However, the indications for *pareira* were so marked that I decided to give it instead. The sixth centesimal, followed by the forty-fifth centesimal, cured completely. At least he never had any further trouble." Later on I saw the same patient with Dr. Powel for other ailments, and can testify to the good results of *pareira*.

The *pareira* case can pass urine, if at all, when down upon hands and knees. (Compare *causticum*, *pulsatilla* and *sarsaparilla*.)

*Pulsatilla*. Although in about a page and a half of symptoms of the male sexual organs Hering records this only relating to the prostate in explicit terms—"Prostate gland en-

larged; fæces flat, small in size"—yet *pulsatilla* at my hands has frequently proven to be curative. It is a great remedy among these cases. In Hahnemann's *Materia Medica Pura* the symptoms of *pulsatilla* quoted below and others make great confirmation, if they are present in a case. If the constitutional and general symptoms, conditions and modalities also agree, no doubt remains. The *pulsatilla* patient can most easily urinate when standing (compare *causticum*, *pareira brava* and *sarsaparilla*). After micturition, spasmodic pains in neck of bladder, extending to pelvis and thighs.

489. Frequent call to urinate.

490. At night he wets the bed continually.

491. Involuntary micturition; the urine dribbles away when sitting and walking.

492. A persistent, obtuse stitch in the neck of the bladder, as from displaced flatulence.

496. Strangury, tenesmus of the bladder.

500. A pressing and urging to urinate.

*Selenium* is a great remedy for veteran sinners with chronic symptoms referable to the genitals. Lewd, impotent wretches; dull; insensible and indifferent to surroundings; forgetful; of difficult comprehension; walking, defecation or micturition cause urine to drop; prostatorrhœa while sitting, sleeping, walking, stooling; swelling of prostate; it feels hard and causes narrowing of urethra; seminal emissions during sleep; premature ejaculation of semen.

*Staphisagria*. "Call to urinate; scarcely a spoonful passes, mostly of reddish or dark yellow urine in a thin stream, sometimes by drops, and after he has passed it he always feels as if the bladder were not empty, for some urine continues to dribble away." "Cutting while urinating and still worse afterwards." "Every time water is passed, burning in the whole urethra, for many days." "Immediately after urinating, a dislocative pain above the urethra behind the os pubis." "The urine is passed at night with stiff penis and at last only in

drops, with drops, with burning at the neck of the bladder, and at the same time ineffectual urging at stool; lying doubled up gave relief." "A smarting and burning formication at the orifice of the urethra, when not urinating." "Only when not urinating, while sitting, a burning deep back in the urethra." "A kind of burning in the middle of the urethra, when not urinating." "When evacuating a hard stool, discharge of prostatic fluid." "All night long excessive stiffness of the penis, without seminal emission."

All these symptoms are from Hahnemann's *Materia Medica Pura*. Not a word of the prostate gland. How disappointing to a certain class of our brethren! Yet the discerning mind will read much in and between the lines, and understand how it is that lark-spur has done so much brilliant work in cases of large prostate. The concomitant symptoms, especially the mental, help out. Lippe's summing up is most admirable. He says:—"Aggravation from anger, grief, sorrow, mortification caused by offences; from loss of fluids; from masturbation; from sexual excesses; from touching the affected parts; from tobacco; from the abuse of mercury. Amelioration after breakfast."

Let me add that this medicine is particularly useful after prostatectomy, especially if the bladder route be chosen and there has been much tearing with fingers or steel instruments.

*Thuja occidentalis*. "When he has to urinate, he must press; he has a call to urinate every minute; some urine only comes away by jerks, and then only he has burning pain in the urethra." "The urine stops five or six times before it is completely evacuated and the bladder emptied." "After micturition feeling as if some drops still ran through the urethra for a quarter of an hour." "After micturition some urine still lingers in the urethra, which afterwards only comes away by drops, not from the bladder, only from the urethra." "Burning itching in the tip of the glans penis when urinating." "Immediately before and whilst urinating, but also at other times,

behind the os pubis in the region of the bladder, a cutting pain, most violent when walking." "Discharge of prostatic fluid, capable of being drawn out into threads, in the morning after waking."

If the above symptoms are present, one should compare the entire text. It is too long to quote here in full. When, in addition to the local symptoms, one or more of the following grand characteristics are observed—"sweating on uncovered parts only;" "in the face feeling of burning heat, which, however, does not produce either actual heat or redness or perspiration, with icy cold hands, the body being otherwise only moderately warm;" "pricking in the condylomata at the anus, when walking"—then *thuja* must be given, whether the case has been diagnosed as one of enlarged prostate gland or anything else.

Lippe says: "While *pulsatilla* will more frequently correspond to the purely inflammatory condition and to the recent cases, *thuja* will very often remove the disease permanently, especially when the disorder originated in syphilis, sycosis, and again more especially when gonorrhœa was the origin of it. Even in cases where already suppuration of the indurated gland has been established, and after repeated abscesses had discharged, leaving the gland in a general suppurating process, *thuja* will often much relieve the suffering and retard the progress of the disease. In cases where the syphilitic origin is not present, and in the induration or hypertrophy of the gland, often occurring in the advanced age of man, *thuja* will but rarely find its field of action.

When making thorough search of remedies for affections of the prostate gland, I like to consult page 625 of Knerr's Repertory. The last paragraph is devoted to the enlarged gland. It would be impracticable and inadvisable to dilate here upon the peculiar virtues of all the remedies in the list he gives. In fact, no prearranged scheme can possibly meet the requirements of every individual case. Let me illustrate:—

A gentleman from the west, who had been massaged, "milked," castrated, catheterized, washed and drugged to no purpose, and since examined and treated by specialists in this city who disliked to perform the Bottini operation or prostatectomy, in fear of the results, exclaimed: "My inner parts have been inspected, probed and felt of until I am tired and feel worse for it. They diagnose neurasthenia, irritable rectum, enlarged prostate, cystitis, involvement of the ureters and contracted kidney. I do not improve and I do not like ichthyol in my rectum."

"At the present moment, where do you feel the worst? and what is the sensation?"

Rising from his chair, he replied: "Beginning here" (placing his right hand upon the sacrum) "and running right down to my feet" (indicating with his right hand the course of the sciatic nerve) "is the worst pain I have—a steady, hard pain."

"Then you have sciatica with the rest?"

"Yes, and had it before the other."

Who so dull as not to see that clue? An ambitious man, full of nervous energy, terribly overworked, a neurasthenic individual, suffering with a variety of ailments. His peculiar sciatica furnished a grand characteristic, which far overtopped everything else, and would be the leader. In fact, it was worth more to base a prescription upon than all the rest of the case. Of course, the Hahnemannian reader knows that I gave him a dose of *tellurium*, then and there. What else could I do? It was indicated for the original and most important part of the case. No other remedy in the materia medica has the peculiarity quoted above. To be sure, there is nothing in its pathogenetic or clinical history to hint at enlarged prostate; but I had found the nearest similar to the whole case, giving to the different symptoms their proper relative values.

All palliative expedients were discontinued.

At the end of five days he reported immediate and marked improvement. The sciatic pain was gone and he was able to



pass water naturally a part of the time. Two weeks later improvement had stopped and a new set of symptoms appeared—sharp, knife-like pains; aggravation 2-4 A. M.; and the like. Certainly he then received a dose of *kali carb.* That helped greatly. A few weeks later it had to be repeated. That led to *nux vomica*. Each remedy was allowed full sway as long as it would act. Every time that was done, we were rewarded by improvement and a new picture. Six months elapsed. The patient is not well, but steadily improving in every particular, including the size of his prostate. Not one of the remedies given in this case would naturally be thought of at first for enlarged prostate gland alone.

The similar to the totality of the symptoms is the curative remedy.

After two years of warfare, I recently saw the cure of an aggravated case of enlarged prostate in a man sixty-four years of age. The central lobe was most affected. His sufferings were great and the urine atrociously bad. The old school had condemned him to the table as a last resort, with a guarded prognosis. I first observed cherry-red lips. Urination and defecation caused burning. His feet itched and were hot; vertex ditto; and he was particularly faint and weak at 11 A. M. Of course, I had to give *sulphur*, although it is not classed as a prostatic medicine. It cured the case. He has remained well ever since.

### HYDROCELE.

One day in November, 1902, Capt. M., sixty years of age, consulted me in relation to his nose. He is a tall, slender, erect man, with a prominent nose, which was beginning to show the family characteristic, a knob with heightened color, particularly where dilated arterioles were located. Gradually drawing him out, I learned of apprehensiveness, a "blue" frame of mind, indigestion and unrefreshing sleep, worse in

the morning. From his appearance when standing one might suspect a very large hydrocele or hernia. To this he at length alluded, hesitatingly, being of a somewhat shy nature. I found a huge right hydrocele. He suffered no pain, but some inconvenience from the unnatural size and weight. What troubled him most was the unsightliness.

What to do for it? Every Hahnemannian knows that I immediately gave a single dose of high *aurum met.*

But what about letting out the fluid contents, mechanically? I answered that it was perfectly legitimate to do so, that I had followed that course in many cases, and would also in his case, if he liked. [Organon, Section 186.]

But would it fill again? Yes; fill, tap; fill, tap.

Could it be cured without tapping? Perhaps, if I were able to select the right medicine. I might not succeed at all, a common result, especially with impatient people. I might succeed after tedious labor, as I had done, repeatedly, especially with younger subjects. In children we expect always to succeed.

Would tapping assist the medicine? No. Tapping being a palliative, and therefore to be avoided if practicable, it would be doubly hard to cure the case after a single tapping, and very hard after repeated evacuations.

Would a radical operation cure? No; that would make re-filling impossible; it would not be a cure; it would be a suppression, a flying in the face of nature; and nature would surely resent such unwarrantable interference with an effusion of serum that was natural until its cause should be cured, by creating a metastasis; and metastasis is always worse than the original malady. No earthly consideration could induce me to perform a radical operation for hydrocele.

He decided to fight it out with the remedy alone. By my advice he applied a suspensory bandage. He began to improve soon. In six months mind, nose, digestion, sleep, hydrocele were cured.

Hydrocele should be carefully diagnosed from orchitis, sar-

cocele and hernia; and the occasional co-existence of more than one of these lesions should not be forgotten. In an ordinary hydrocele the testis lies in the upper and back part of the scrotum; the fluid lower and forward. In exceptional cases old adhesions fasten down the testicle. Orchitis is an acute, inflammatory disease, painful and sensitive; the result of injury, extension of inflammation, or, especially, metastasis of venereal disease or parotitis—mumps. Sarcocoele is a chronic inflammation of one or both testicles, often starting from the epididymis; slow, painless, insensitive; oval, smooth, inelastic; sometimes accompanied, in latter stages, by effusion, and then termed hydrosarcocoele. Scrotal hernia is generally the result of strain; has cough impulse; shows first above and grows downwards—the reverse of hydrocele—and may present symptoms of strangulation. If any doubt remains, it may be removed by illumination; as light, restricted in area, will readily show on the opposite side of the translucent hydrocele, and not of the other lesions.

The diagnosis having been carefully made at the start, scoffers are silenced when little pellets work cure.

*Apium virus (apis)* will usually be plainly indicated by the stinging pain (if any pain be felt) and dropsy in other parts as well as in the *tunica vaginalis*. Dropsy of the scrotum. Violent itching and redness of scrotum, sore to touch.

*Arnica* is the remedy when hydrocele results from an injury; bruised pain; purple-red swelling; even erysipelas. But in elderly people,

*Conium* may replace *arnica*, especially if discoloration be less; pains, cutting instead of bruised and swelling, accompany a hardened testis; in other words, hydrosarcocoele (*aurum*); hæmatocele.

*Pulsatilla* is one of our most prominent remedies in cases of orchitis, and, naturally enough, is residuary legatee when hydrocele follows orchitis, if the plain and unmistakable concomitants appear. As a matter of fact, I have seen comparatively

few cases of *pulsatilla* hydrocele, though others cite them. Swollen parts apt to have a bluish tinge.

*Calcaria ostrearum. Silica. Sulphur.*

These great antipsorics have done excellent work at my hands. They have cured more cases of this kind than all else besides. Our young folks get well under their influence, nearly always. Also some children of a larger growth. It is my habit to make lengthy comparisons between them, in each individual case. If that sentence falls under the scrutiny of a veteran Hahnemannian physician he will say: "Yes, the constitutional symptoms count." What close work, sometimes, to decide between them! Then Gross's Comparative Materia Medica helps. If there is to be a succession, let *sulphur* precede *calcaria*, although that does not matter so much with youngsters. With them *calcaria* may be repeated. Not so with their elders. Then have a care, for *calcaria* may not be repeated. *Silica* is not quite so fastidious as regards succession. In doubtful cases I sometimes reach a conclusion by comparing with the weather. The *calcaria* patient wants dry weather; *silica* wet. But what of the local indications?

*Calcaria*: Hydrocele of testicle (and cord); aching of testes (and cord) with strong action of cremaster muscles; scrotum swollen and relaxed, with scaly surface. *Silica*: Squeezing pain in testes; swelling less, and less diffuse than that of *calcaria*. *Sulphur*: Large swelling, with great relaxation and offensive odor of parts; pressure and tension; many kinds of pain.

*Rhododendron.* See Orchitis.

This list does not exhaust the possibilities by any means. There is no "remedy for" the disease by name. The symptoms of each individual case must rule the selection of remedy. This fundamental truth cannot be stated too often.

## VARICOCELE.

The other day I witnessed an operation for varicocele. It was of the "open" variety and strictly orthodox. None are better acquainted with the dangers and disappointments attending operations upon the veins of the spermatic cord than those who do the work. The open operation, having proved to be the least objectionable of all yet devised, has been generally adopted. It was particularly pleasing to me to observe careful asepsis—cleanliness; for I have steadily advocated it and opposed antisepsis through a long campaign. Surgeons are realizing that bug-killing drugs are absorbed into the human system, if used in an open wound.

So far excellent. Everybody concerned ought to be well pleased. Why not? From the prevailing point of view, the proper and only available plan had been followed. There was nothing more to be done. If discomfort and disappointment follow, as they so commonly do, they must be patiently endured.

That view should be changed. It will be when the professedly homœopathic colleges do their full duty. Mutilation is not cure. There is a better way. A remedy that is similar to the varicocele and all the rest of the symptoms that a patient has will cure the sick individual. For instance:

A gentleman sought my advice for varicocele. Comparing his symptoms with those recorded in the materia medica, I was led unerringly to *phosphoric acid*. Observe: "Swelling and tension in the spermatic cords; testes sensitive to touch; gnawing pain or excoriated feeling in testes."

Very well; but we sought for more indications and learned that patient had greatly overworked, both mentally and physically. He found himself nearly incapacitated for thought in the morning. Confusion and cloudiness of sensorium when awaking. (N. B. *Lachesis* is not the only remedy that shows aggravation after sleep. Don't jump too suddenly to a con-



clusion.) Loss of appetite. The little food eaten, came up with acid eructations.

*Phosphoric acid* was demanded homœopathically by the whole case. The patient received *phosphoric acid*, and improved greatly in all respects; but halted short of absolute cure. Moreover, by following the right course up to that point, we were then rewarded further with a new picture: "Oily pungent smelling sweat on the genitals." "Frequent belching and passage of flatus with constriction of the anus." Of course there was but one remedy in the materia medica presenting that combination, and that was *fluoric acid*; and *fluoric acid* completed the cure. *Phosphoric acid* alone has cured numerous cases at my hands, especially among masturbators.

I have succeeded with *pulsatilla*, when all the symptoms of patient and remedy agreed. "Drawing, tensive pains, from abdomen through cords into testes." "Testicles hang down a long way." It is good hygiene to wear a supporter while dragging lasts. "Right testicle drawn up and swollen; spermatic cord swollen, with tensive pain, while left testicle hangs down low." "Sarcocele, not syphilitic; varicocele; hydrocele; swelling of a bluish color." These, or some of these symptoms being found, I always question the patient for additional, characteristic indications for *pulsatilla*. The search will be rewarded, if properly conducted, according to Hahnemann, provided it is a case demanding this remedy.

The physician who likes to have his prescription well anchored in morbid anatomy, and considers *hamamelis* a great remedy for diseased veins, will be pleased to know that it has cured cases of varicocele; but only when the concomitant symptoms demand the same remedy. Has the patient a tendency to varicose veins? to varicose ulcers? to venous congestions? to phlebitis? These symptoms suggest *hamamelis*. True, but *pulsatilla* has them also. Close discrimination of other symptoms is necessary before reaching a decision. The *hamamelis* patient is irritable, while the *pulsatilla* patient is

tearful. The latter is worse in the close room, and especially from letting the affected part hang; and is better when in the open air. The former is chilly in the open air, and has no especial dread of a dependent posture.

These few remedies, sharply differentiated, are better for the reader than a confused multitude. At best, the exhibits are hints only. It is to be hoped that they will stimulate further comparisons when studying a case in hand. I find it necessary to take the whole case (by far the hardest part of the work), and then consult my repertory and materia medica. The plan works well. The following brief reference to tried remedies may be of service:

*Ammonium mur.* Stitches and beating in left cord. Many groups of symptoms are accompanied by cough.

*Arnica.* Spermatic cord painfully swollen; stitches in abdomen; traumatism.

*Belladonna.* Tearing upwards, left spermatic cord, evening in bed.

*Cantharides.* Drawing in spermatic cord while urinating.

*Cinchona.* Painful swelling of cord and testes, especially epididymis; tearing in left testis and left side of prepuce. Easily hurt. Pains cumulative.

*Clematis.* Right spermatic cord sensitive; testicle drawn up. Pain in testes, drawing to spermatic cord.

*Kali carb.* Swelling of testes and cord; scrotum bruised; dragging in left testis and penis. Cutting pains are characteristic of this remedy.

*Staphisagria.* Shooting, drawing in cord. This drug has numerous symptoms allied to the foregoing and deserves consideration. The following, from Lippe, has been useful to me: "Aggravation from anger, grief, sorrow, mortification caused by offenses; from loss of fluids; from masturbation; from sexual excesses; from touching the affected parts; from tobacco; from the abuse of mercury. Amelioration after breakfast."

*Sulphur.* Pressure and tension in testicles and spermatic cords. Varicocele, continuous relaxation of scrotum.

Of course the proper choice may fall quite aside from any remedy named here.

## CYSTITIS.

Is the particular case under investigation acutely infectious, chronically infectious or non-infectious? Has it been induced by trouble higher up or by a diseased prostate? The physician seeks answers to these questions. To a certain extent regimen will be influenced by them. Not so with the homœopathic prescription. That must be based exclusively upon the totality of the symptoms peculiar to the case in hand. The inflamed viscus may be practically a deep cup, its only outlet a mere over-flow. The retained urine may in consequence suffer decomposition unless removed mechanically. That washing should be with normal salt solution only, for cleanliness. Local medication is as wrong here as it is anywhere. The curative substance must be administered by the mouth.

*Aconitum* is needed in very acute cases characterized by high fever; hot, dry skin; thirst; fear; restlessness; constant burning pain in bladder; micturition painful and difficult. Children cry out and grasp genitalia with the hand. After exposure to dry cold. Traumatisms.

*Apis* (*apium virus*) has cured a number of subjects, more frequently women than men, when urine was scanty, opaque and bloody. Their general aspect was dull, sleepy, puffy, clumsy.

*Arsenicum.* I recollect in particular one case that was helped, but not cured, by this medicine. It was the case of an old man with chronic cystitis, much out of proportion to the moderate enlargement of his prostate. He complained of great burning. At the same time the bladder was distended and paralyzed, making instrumental interference necessary for

a time. Urine loaded with pus and blood. Thirst, restlessness, time of aggravation, etc., all pointed one way.

*Belladonna* has been curative in acute cases when the patients were found lying upon their backs with knees drawn up; great sensitiveness to touch in region of bladder; paroxysmal pains, sudden and violent in onset, quick in subsidence.

*Cantharides* is a very important remedy. Intolerable burning pain in bladder; spasmodic pain along urethra and perinæum, extending to testes, which are drawn up; burning in glans, orifice red; micturition difficult, by drops, with excessive scalding and straining *before, during and after* the act; urine scanty and bloody; priapism; restlessness, fever and thirst, but *drinking or sight of water* produces aggravation of all symptoms. To be thought of in acutely infectious cases.

*Digitalis*. Neck of bladder; throbbing pain during straining; tenesmus vesicæ after evacuation; micturition difficult.

*Dulcamara*. "Constant desire to urinate, felt deep in abdomen. Constant desire to urinate, with an unpleasant sensation of bearing down toward the vesical region and urethra. Urine passed involuntarily. Catarrh with strangury, followed after six weeks by incontinence of urine; very impatient, scolding and irritable mood. Urine scanty, fœtid, turbid; on standing, oily; containing a tough jelly-like, white or red mucus mixed with blood; milky; fœtid or muco-purulent; reddish, burning. Emission of urine drop by drop; slimy sediment. Catarrh of the bladder, from taking cold in damp weather." I should say that the urine is fairly limpid when voided, but soon shows a light-colored, tough, jelly-like sediment, which retains its consistency when poured from one vessel to another. No other remedy has done so much for me in cases of chronic cystitis as bitter-sweet has done. Many an old man, with very bad cystitis, his prostate not greatly enlarged, has, under the influence of this medicine, quit douching and resumed a tolerable existence. I especially regard the mental attitude—con-

fusion, depression and inclination to scold—and the susceptibility to cold weather—as important.

*Nux vomica* in my experience has been needed by subjects who have been about town a good deal and not slighted the drug store. Irritable, choleric fellows with indigestion and susceptibility to pain. *Nux vomica* makes a good preliminary prescription in such cases and is sometimes alone curative.

*Pulsatilla*. Ischuria, with redness and heat over region of bladder; strangury; burning, stitching in neck of bladder; mucous sediment in urine adhering to vessel. Like *dulcamara* in its quick aggravation from cold.

*Sepia* has been required in one of my cases, a woman who had a sensation of a worm crawling in the bladder; tickling in bladder; sensation as if bladder were too large.

*Sulphur*. One case was cured with this uncommon remedy. The determining symptom I had long before learned from Hering's cards: "Both flow of urine and discharge of fæces are painful to parts over which they pass."

*Terebinthina* is generally overlooked. I once had a happy experience, while it lasted, in improving the case of an old gentleman who had received a variety of drugs to no good purpose at the hands of a number of physicians. From being very active he was brought down to almost complete inability to exercise because of the malady. He passed very dark, bloody urine, which deposited a slimy, thick, muddy sediment. Thinking of turpentine, I consulted the materia medica and found the symptoms under that remedy. The patient improved so rapidly under it that the Philistines sent to ask what he was taking. I told them *terebinthina*, two hundredth centesimal potency. Instantly all their eyebrows and noses were elevated. The case was influenced away from me. They gave *terebinthina*, third decimal. The patient went down like a plummet. They signed the death certificate very soon after. I believe that one or two of the Philistines have since been thinking. (See HÆMATURIA.)



There are other valuable remedies that have not figured largely in my practice, but may do so in the very next encounter: *Berberis vulgaris*, with thick mucus and bright red, mealy sediment; *Calcarea*, in chronic cases that show the grand, general characteristics of that medicine; *Camphora*, after irritating drugs; *Carbo vegetabilis*, in old people and chronic cases after the acute inflammation has subsided and only blennorrhœa remains; *Causticum*, when retention has been permitted and urine can be voided only when sitting and perhaps not at all [*gelsem.*, *helleb.*, *hyoscy.*]; *Equisetum*, not well proven, but having a well attested clinical character for high colored and scanty urine, passed with pain and showing a mucous sediment; *Hydrastis*, thick, ropy, mucous and bloody sediment; *Lachesis*, with the sensation of a ball rolling in the bladder and a discharge of bad-looking mucus during micturition; *Lycopodium*, with an affinity for chronic cases that throw down sand and gravel; *Mercurius*, in acute and chronic specific infection; *Pareira brava*, with which the Old Guard made wonderful cures, the patients being able to urinate when down upon hands and knees only; *Silica*, purulent blennorrhœa; *Uva ursi*, pain and straining, with discharge of blood and mucus.

Before my cystitis patients receive medicine they agree never to set a bare foot upon oil-cloth, wood or marble, eat or drink any iced substance whatever, or bathe any portion of their anatomy in water cooler than the body. I like to have chronic patients eat rye bread and onions.

### NEPHROLITHIASIS, GRAVEL OR STONE IN THE KIDNEY; NEPHRALGIA, RENAL COLIC; NEPHROLITHIC ABSCESS.

*Apis (apium virus)*. A young man went through great excitement, hardships, privations and exposure in the Virginia campaign of 1864. He came down with typhoid fever, was tremendously dosed with quinine, carried north, and his case

pronounced discouraging by physicians in consultation, who willingly allowed themselves to be superseded by a despised homœopathist. Faithful to the law of cure, the New School physician began his work by giving *pulsatilla*, which was similar to many of the symptoms present and antidotal to quinine. Improvement was soon manifest, but the whole case had not been reached. Scanty urine presently became an urgent symptom, almost amounting to complete suppression. The remaining symptoms have not come to my knowledge. *Apis* was given. A deluge followed. In the midst of the deluge two dense, black stones, each kidney-shaped and so large as to cause difficulty in passing through the urethra, plunged into the receiver, one right after the other. Had the soil and grit taken into the stomach during months of drinking bad water made a report in the form just detailed—a stone from each kidney? The pathologist will answer in the negative, perhaps. He may think he knows. I do not know. I do know that the virus of a bee, following *pulsatilla*, not only restored the urinary function, but brought the stones from the kidneys to the bladder and thence expelled them. Was the attending physician prescribing for gravel, for stone in the kidney, for stone in the bladder? None of this *per se*. He prescribed for all the symptoms he could find in the case. It turned out that a part of the case was stone. By virtue of similarity with *apis*, the whole case, including stone, was cured.

Besides the history just related, note these symptoms of *apis*: “After urinating, pain in neck of bladder with shooting pains along the ureters towards kidneys.” “Frequent, painful, scanty, bloody urination.”

*Asparagus*. “Reddish deposit on the sides of the vessel. Lithiasis. Gravel passing in small quantities with urination.”

*Arnica*. Terrible pains in back and hips; knife-like pains in kidneys; chill; vomiting; retention; brick dust sediment; hæmaturia.

*Belladonna*. I. Mrs. ———, forty years of age, was sud-

denly seized with a severe, cramping, clutching pain "right there" (placing her hand over the right kidney). Most of the pain came in sharply defined paroxysms, which punctuated a steady, continuous distress. *Belladonna* soon controlled the situation. Sharp, painful micturition ensued, lasting a few hours. The nurse was guilty of carelessness and delay in securing the urinary product. That a stone passed was shown by the blood and copious scrapings of the ureter, examined and diagnosed by a pathologist.

Two preceding attacks, at brief intervals, had been treated with morphine, calomel and other robust exponents of Old Physic. These benumbed and sickened the patient at the time and deranged her health generally, but were otherwise ineffective. The inevitable comparison was not to the discredit of Homœopathy.

Deeply acting remedies followed *belladonna* to insure a permanent cure: *Sabina*, indicated by monthly clots and backache, previous abortion, gouty right great toe—and lastly by *sepia*, indicated by headache in occiput, forenoon till evening, relieved by quiet and darkness; itching ears; weakness in small of back when waking, relieved by belching; stool insufficient, retarded, like sheep dung. I have generally found an antispasmodic remedy needed in this class of cases to complete the cure and insure against recurrence. *Sabina* and *sepia* played that part in this instance.

II. One brisk September morning I was summoned in haste to see Mr. ———, who thought he was having gall stone colic. He had been the subject of chronic nephritis, but not under my observation of late. Other physicians had led him to believe that my diagnosis and requirements were unnecessarily rigid. We were having a few days of quite cool weather.

I found him in great agony, but bearing up under it with the fortitude of a heroic family. He was bathed in cold sweat; head, back and extremities cold. Pain felt first mid-

way between umbilicus and right anterior spine; then transferred to right lumbar region; thence downward and forward to bladder and right testes, with desire to urinate; then shifted to stomach, with nausea; continuous hard pain, emphasized with additional, very sharp, paroxysmal pain, coming and going quickly. Palpation revealed nothing more of importance. He was lying upon his back with thighs and legs flexed.

Patient was put to bed with hot blankets and bottles. He did not receive *opium* or anything else to deaden pain. It is scarcely necessary to tell my Hahnemannian reader that immediately I dissolved in water a few pellets of *belladonna*, two hundredth centesimal potency, and gave a teaspoonful every five minutes. After the fourth dose he felt a trifle better. The intervals between doses were lengthened to ten minutes and then to fifteen as he steadily improved, and so on. I left him to see a very sick man. Upon my return the medicine was stopped, there being no further need of any. All discharges during the next twenty-four hours were submitted to examination by a pathologist, who found abundant grit in the urine. A prescription for the whole case was then made.

This is a familiar picture. *Belladonna* has never failed to relieve quickly for me, in similar cases, even when the concretions were so large that they distended the ureters. The similar medicine is as much superior to the benumbing drug as light is to darkness. The attacks are not only made shorter and less violent by the similar, but the subjects of all the trouble are advanced toward, not kept back from, complete cure. Even though a skiagraph reveals stone in the kidney which must be removed by operation, the same sort of prescribing is needed before, at and after operation—not only to make that speedily successful, but to prevent recurrence of the malady.

*Berberis vulgaris*. “In the lumbar and renal region a pressing, straining, shooting or bruising pain, extending to the

thighs, with stiffness, numbness and sensation of warmth, which prevents raising the body and rising up. Tearing pain in region of both kidneys soon after rising in morning, which extends sideways and forward, both upward and downward, so that the whole region of the back, between pelvis and thorax, is affected. Tearing, pulsating pain in right kidney. Cutting pain from left kidney into bladder, urethra and in penis. Stinging, burning, gnawing pain in a small spot near the kidneys, increased by pressing hard upon and moving frequently downwards and forwards. Symptoms in region of kidneys worse in stooping and getting up; more while sitting or lying than in standing. Pain, weakness and trembling in region of kidneys after riding. Great urging, with pain in neck of bladder, with burning, scanty urine. Drawing, sticking pain in one or the other side of bladder, extending down into the female urethra, often arising in lumbar region and extending along the course of the ureters. Blood red urine, which speedily becomes turbid and deposits a thick mucus and bright red, mealy sediment, slowly becoming clear, but always retaining its bright red color, with violent pains in kidneys. Passes small calculi. Urinary symptoms worse from motion and better from rest. Pain in hips while urinating."

*Calcarea ostrearum* (*calc. c.*). Before urination, burning; during urination, burning, cutting and soreness, with passage of blood and mucus; after urination, renewed desire with burning, glans itching. Gravel; urinary calculi. Stone in the bladder. Selection largely depends upon the general symptoms.

*Cannabis Indica*. Constant, dull pain in region of kidney and in glans penis.

*Coccus cacti*. Dull, pressing, sticking, cramp-like, oppressive pains in kidneys, worse from pressure or motion. Spasmodic pains in kidneys. Nephritic colic, with very copious urine and dull pain in urethra. Spasmodic pains in kidneys



with vesical tenesmus and frequent emissions of deep colored urine. Hæmorrhage from kidneys. Gravel.

*Hepar s. c.* Dr. D. E. S. Coleman, of this city, had a very interesting case of nephralgia, nephrolithiasis and suppurative nephritis, which I saw with him and which he kindly permits me to mention.

The subject was a fat and flabby lady, fifty-six years of age, who had had renal colic six years previously. Her Old School physicians then in consultation relied upon morphine to subdue the pain. This made her very sick. They gave her no other medicine. After periodical attacks the stone scraped its way out and relief followed. She then consumed much Congress Spring water, Karlsbad Sprudel Spring water, Lithia carb., gr. III t. i. d., and Poland Spring water.

When the new attack came on the medical practice was changed. Dr. Coleman gave *calcareæ carb.*, thirtieth, in water, on account of stitching pain in stomach, then in right kidney extending down into groin and thigh, with anxiety, restlessness and sweat. (Allen's Handbook.) She rolled in agony. "My back felt as if screwed tight together," she said. Dry heat was applied externally. Prompt and satisfactory relief followed the medication.

Urinary analysis confirmed the diagnosis of stone and chronic, interstitial nephritis as follows: specific gravity, 1.018; albumin, 1/10 x .1; uric acid; urates; complete and incomplete triple phosphates; pus, great quantity; epithelia from convoluted tubules and pelvis of kidney, containing endogenous formations.

In consequence of the stone, abscess of the kidney developed. There was a great discharge of offensive pus in the urine; repeated, severe chills, with a desire to be covered and relieved by heat, followed by high fever, succeeded by profuse sweat upon head, body and upper extremities and accompanied by great thirst; cold feet; tumefaction over right kidney, which was sensitive to touch. Systemic poisoning became evident.

A number of times the patient was in stupor with red, hot face and twitching of muscles. This was always promptly overcome by *opium* thirtieth in water. Surveying the whole field together, with great unanimity our choice fell upon *hepar*. We gave it, in the thirtieth potency, in water, every three hours until decided improvement was seen and then stopped it. In a few weeks the patient was well and has so remained for a year, with the exception of a slight trace of the original nephritis. Patient and nurse were negligent in one respect. They never discovered and we never knew when the foreign body slipped away.

*Lycopodium* has become so generally recognized as a remedy in kidney troubles that it is now abused. It is not enough to know that the right side is mostly affected. Comparison should be made with the following symptoms: "Stiffness in renal regions, especially on right side; worried by noise or interruption in business; brings up wind after eating, mentally depressed and physically weak till it comes up; passes small quantities of fine red sand. Gravel. Periodical discharge of gravel and small calculi; pain in left kidney and ureter. Frequently compelled to rise at night to urinate; on urinating, cutting pains in glans penis and abdomen; urine turbid, loamy, depositing a thick mucous sediment, occasionally bloody; when evacuating the bowels, must press very hard, although stool is not hard; burning in palms of hands and soles of feet. Gravel. Renal colic, particularly in right ureter to bladder; red sand in urine. Vesical calculi, small, round and rough with hæmaturia."

*Nux vomica* has probably been neglected as greatly as *lycopodium* has been abused. Especially right side, extending to thigh and genitals; worse lying on right side, better on back; dysuria, urine voided by drops, with burning and tearing; spasmodic strangury; habitually irascible, chilly, dyspeptic, constipated persons of sedentary habits, the subjects of tea, coffee, drugs and irregular living. I recall excellent help

from this medicine resulting in the passage of sand and concretions, even marvelously large specimens, considering the diameter of the ureter. Here is a type: A middle-aged lady whose early life had been active and arduous was brought into easy circumstances by marriage. She enjoyed her food, exercised little and was pampered. Nemesis caused me to be sent for early one morning. The patient was lying on her back in bed, bountifully covered and fearful of cold air; irritable, crotchety, sensitive; suffering greatly with pain in right kidney and along the line of the right ureter to bladder and down the right thigh. Nausea and vomiting were occasionally interspersed. *Nux vomica* two hundredth in water given first every five minutes, next every ten minutes, and so on, as improvement advanced, brought speedy relief. The urine was saved and examined, and found to contain numerous small calculi.

*Phosphorus*. "Renal calculi, congestion and inflammatory symptoms, with purulent, chalky or sandy sediment. Dull pain in renal region." These are scanty symptoms. The selection is commonly made upon additional, it may be hæmorrhagic, symptoms, as *phosphorus* is a well-known "bleeder." Both idiopathic and traumatic, renal and other hæmorrhagic cases have come under its sway. A young man received a stab wound of the kidney, which bled profusely externally and through the ureters. *Calendula*, externally and internally, combined with compression were unsuccessful, as also were *millefolium* and *staphisagria* internally. It transpired that the patient's diathesis was hæmorrhagic. *Phosphorus* two hundredth cured quickly.

*Pulsatilla*. See *Apis*.

*Sabina*. See *Belladonna*, Case I.

*Sarsaparilla*. Hering gives a good picture of what this drug can do for renal colic and gravel, the other symptoms agreeing. It has helped in my practice, in cases of chronic nephritis accompanied with sand, gravel, vesical calculi and

hæmaturia. I quote: "Chronic nephritis. Neuralgia; attacks of most excruciating pains from right kidney downward. Renal colic and passage of gravel. Small stones are expelled from bladder. Stones in bladder; bloody urine. Renal and vesical calculi. Gravel in children. Painful constriction of bladder, without urging."

*Sepia.* See *Belladonna*. Case I.

*Tabacum.* Renal colic; violent pains along ureters; cold sweat; deathly nausea.

## CALCULUS VESICÆ. STONE IN THE BLADDER.

Suspecting stone, my first step is to get urinary tests by the pathologists. Looking back over the years of practice, it is pretty safe to say that in half the cases where stone has evidently been demonstrated the pathologists had reported that its existence was improbable. This does not imply any lack of confidence in the fraternity on my part. The contrary is true; and I find that the ablest are the most modest pathologists. Their opinion is valuable as to the presence and especially the origin and composition of stone.

Be the report what it may, I sound. Here the personal equation comes in. The most experienced and expert men acknowledge mistakes. No one is infallible; but those who do good work with catheters, bougies and sounds will commonly find the stone or stones with the appropriate instruments. Stones are sometimes detected by the introduction of a silver catheter into the bladder for the purpose of drawing off urine.

The X-Ray is now a valuable aid to the diagnosis of stone. In skillful hands it tells a true story, as a rule.

Having decided that a stone is present and gathered evidence as to its size and shape, the problem is how to get rid of the foreign body. Stones as large as the undilated ureters and urethra are voided under homœopathic sway. Of this

more presently, when considering stone in the kidney. I recall numerous instances, one of them the case of a well-known publisher of this city, where relief from calculi larger than the normal urethra has been obtained by the following simple expedient: The urine is retained until the bladder is considerably distended. Then (preferably after a hot bath), while standing somewhat a-straddle and bent forward at the hips (occasionally lying nearly face downward), the act of micturition is begun, but begun only, while the patient compresses the glans and urges smartly. The urethra distends with urine. The patient suddenly relaxes his grasp; urine and stone come away in a gush. Anticipating objections, let me say that the plan has never failed of execution under my direction, whenever the stone could and did start upon its journey from the bladder. All this independently of instrumental dilatation.

Is the stone soft and readily crushed? If so, thanks to Bigelow, the removal of the fragments will not constitute so great a menace as it once did. Minute, sharp cuts, scratches and lacerations of mucous membrane of bladder and urethra received during the process demand *aconitum* after chill, *millefolium* if there be great hæmorrhage, or *staphisagria*. (See Chapter on Wounds.)

If the stone be too large for removal by the natural route and too hard to warrant crushing and washing out, my next choice is the lateral incision, unless the perinæum must be abandoned altogether on account of the great size of the offender. This operation is quickly done, avoids structures that ought to be avoided, is neat and takes advantage of the law of gravitation. The bad results sometimes attributed to this variety of lithotomy are perhaps chargeable to the gorget. I have never used it. To me it has seemed to be the recourse of the timid and inept. Practical anatomy and the lithotomy knife are satisfactory. The lateral incision has, at my hands, allowed the riddance of even pretty large stones. One specimen was jagged and nearly round—largest diameter, 4.3 cm.



(1.69 in.); smallest diameter, 3.2 cm. ( $1\frac{1}{4}$  + in.); weight, 9923.776 grains (643 gms.); composition, mixed phosphate and oxalate of lime, the nodules of uric acid. There was more difficulty in dislodging the stone from its bladder relations without injuring the bladder than in the subsequent steps. Some enlargement of the incision being needed, it was done with the finger nail, always my best instrument for that purpose. Therefore the wound was partly incised and partly lacerated.

Immediately after evacuation, *calendula* and water in equal proportions were injected freely into the wound. Nothing else was done locally. Internally the patient received *nux vomica* until the effects of ether had passed off, and then *staphisagria* until the granulating process had fairly started. Had there been much hæmorrhage, *millefolium* would have been needed for a time instead of *staphisagria*.

The first lithotomy ever performed at the Homœopathic Hospital, Ward's Island, was instructive in more ways than one. Were we dealing with one or two stones? The steel slid from one grating surface to another, leaving a hiatus between. I was in a minority of one when advocating the single-stone proposition. This fact influenced me: Every advance gave touch in the same rhythm and with the same volume of sound at each impingement. Through a lateral incision, enlarged by the finger nail, a single stone was quickly demonstrated. Inspection of the specimen in the museum of the Metropolitan Hospital, Blackwell's Island, will readily show how two protuberances of one stone simulated two stones. Extraction was followed by a douche of *calendula* and water, half and half, and the giving of *staphisagria* after the effects of ether had disappeared under *nux vomica*. In a remarkably short time the patient left the institution, a perfectly well man. A group of observing physicians were convinced that the rapid cure after operation had been brought about by the use of homœopathic medicines.

The supra-pubic approach is reserved by me for very large stones. Otherwise it does not appeal to me. For one thing, the wound must be delicately mopped, not douched, with the very important *calendula* and water, for the reason that a douche cannot run off naturally and quickly here. Medicine by the mouth is given, as after the other operations.

## HÆMATURIA.

"Take the ten-forty. It will be the last train tonight," said the telephonic message. There was just time to snatch Jahr's New Manual, by Hempel, and pocket cases of medicines and instruments and drive rapidly to the railway station. The train in motion and my passage ticket surrendered, I leaned back in the corner and engaged in the following soliloquy:

"For years it has been a tug of war between a little albumin, a few casts, oxaluria and a faulty mode of living at one end of the rope, and me at the other end, with varying fortunes; when the pathologist's report has been unfavorable and I have excited alarm with my warnings, the patient has done pretty well and secured a better following report; that has reassured him and led to a relapse. I have cut off beef, wine and related enemies, except at those occasional, mischievous bankers' dinners. It is a great gain to get him down to a glass of whiskey and soda once a day, at dinner. He has walked to business until lately, when the out-of-town summer programme was inaugurated. What brought on those recent discharges of clotted blood? Was it a natural development of his malady? the relentless tooth of Time? Did the jar of railroading contribute its influence? Those clots resembled large earth-worms in size and shape, and set the pathologist who examined them to talking of the prostate. I have examined the prostate with sound and finger and explored the bladder, and gained no clue. It will be a strenuous day when I start an illuminator on a tour of inspection through his urin-

ary passages. I have never heard of valuable knowledge gained thereby at all commensurate with the amount of trouble produced in consequence. After I had acquitted the prostate and bladder, that pair of clots headed the pathologist for the ureters. That was not on account of what chemistry and microscopy had revealed in two successive examinations of the urine, so far as I can learn. Was it *post hoc propter hoc*? My favorite pathologist is absent. The trouble may be in the ureters. I suspect the kidneys. There may be two or three men living who can catheterize his ureters safely and profitably. I have never tried to do it. The plan does not appeal to me. I will wait for more evidence in its favor. How great is the hæmorrhage? Is the bladder filled with an unwieldy clot, or does the blood come away, either free or clotted? Palpation of bladder and kidneys has revealed nothing abnormal. It may help now."

The leading physician of the town, a gentleman of the Old School of Medicine, was at the station with the family carriage. We introduced ourselves and discussed the case on the way to the house. He said that the patient was in agony while discharging large quantities of free and clotted blood and some urine. With each discharge there was pain at the meatus and in the regions of the bladder and kidneys. The doctor had suspected the prostate or bladder as being the original source of the hæmorrhage, but changed his mind after listening to the story of my ministrations. We were agreed as to the serious character and urgency of the case. He was reluctant to make suggestions as to our future conduct.

The patient stood by the side of the bed, in the act of voiding blood and urine, mostly the former. He strained and was drenched with sweat. The movement ended, he laid upon the bed, stretched out upon his back. An appalling array of chambers and basins, placed in the order of sequence, revealed the character and amount of each discharge. I called for twenty-four teaspoonfuls of water in a tumbler, a small saucer

to serve as cover, and a teaspoon. While these were coming the doctor and I retired to a corner of the sick room, and I took the Manual from the bag. Together we searched the leaves of the Repertory. The first rubric put in evidence, exhibiting the names and relative values of remedies, was on page 793. It read as follows:

EMISSION OF URINE.—Scanty, ACON., agar., amm., anac., arg., ant., aur., aur. met., BELL., bry., CANN., CANTH., CARBO V., caust., chel., COLCH., cupr., DIG., dros., euphorb., fluor. ac., HELL., HYOSC., JOD., kal., lach., LAUR., led., magn. m., men., MERC., natr., nitr. ac., n. jugl., NUX VOM., OPIUM, petr., phosph., phos. ac., plumb., PULS., rhus, RUTA, sabad., sabina, sars., sil., spong., STAPH., sulph., tart., veratr.

Second, page 794.—Hæmaturia, amm., ant., arg. nitr., ARN., ARS., CALC., CANN., CANTH., caps., caust., CHIN., CON., euphorb., HEP., IPEC., LYC., MERC., MEZ., NUX VOM., phos., plumb., PULS., sep., SULPH., tart., zinc.

Third.—With pains in bladder, ipec., PULS.

Fourth.—With pains in the kidneys, CANTH., ipec., lyc., PULS., SULPH.

Considering the rubrics together, *pulsatilla* led easily. Next we turned to page 320 and read from the meagre text of *pulsatilla* which the book afforded: "Hæmaturia with burning at the orifice of the urethra." I also called attention to the posture of the patient when emptying his bladder, stating that I knew it to be a characteristic symptom of *pulsatilla*, although I had not the record with me. The doctor expressed great interest in the procedure, so new to him. The glass of water was held before us. I took a vial of *pulsatilla*, two hundredth centesimal potency, from my pocket case, gained my colleague's ready assent, poured the pellets into the water and stirred until

solution was apparent. I gave a teaspoonful to the patient. This dose was repeated every five minutes until improvement was observed (less than half an hour), and then five minutes were added to each interval until the hour limit was reached, when orders were given to continue at that rate, provided that the patient should be awake. On no account was sleep to be interfered with.

In the morning we found the conquest nearly complete. The doses were put two hours apart for the day. In forty-eight hours no blood was found in the urine. All the acute symptoms had disappeared. The patient has lived a careful life and has experienced no return of the trouble in two years. As for the tug of war, I have pulled the rope over and am trying to hold it over for the decision.

The doctor drove to the railway station with me. His astonishment and delight at the result of our work were lively. He praised the homœopathic practice, "because its methods are so logical and exact." Where could he get "that book?" I referred him to the homœopathic pharmacies, with the information that valuable remedies have been proven since the book went to press, and that the physician must constantly bear that fact in mind when making references. For instance, *apium virus* (*apis*), an important medicine added to our materia medica since the book was published, has produced in healthy provers strangury, scanty urine and bloody urine, and consequently should not be overlooked in such an inquiry as we had made; but it lacks the pain at the meatus and the compulsion to stand in order to empty the bladder; and consequently falls behind *pulsatilla* in determining the needs of this individual case. I had seized this book in great haste for this visit because of its small size and convenient repertory, which is simply an aid or guide to the full text of the materia medica, upon which the final selection of the remedy must depend in every case. I had left better books at home. We talked of principles, books, methods, and I tendered my friendly aid and



counsel in his study of the law of cure, the science of therapeutics, the art of healing. How does he get along? Has he gone ahead or become discouraged and fallen by the way? For prudential reasons does he "lie low?" Was he feeding me with sweets?

(See CYSTITIS, remedy *terebinthina*; and NEPHROLITHIASIS, remedies *pareira brava* and *sarsaparilla*.)

#### THERAPEUTICAL MEMORANDA.

*Antimonium tart.* "Urine \* \* scanty, last drops bloody, with violent pains in the bladder."

*Apium virus (apis).* "Urine \* \* red, bloody, hot and scanty."

*Arnica.* "Hæmaturia from mechanical causes."

*Arsenicum.* "Urine: dark brown; dark yellow; turbid; sediment of sand; mixed with pus and blood."

*Bufones.* "Hæmaturia in childbed."

*Calcarea carb.* "Urine: very dark colored, without sediment; \* \* ; bloody."

*Cantharides.* "Paroxysmal cutting and burning pains in both kidneys, the region very sensitive to the slightest touch, alternating with pain in tip of penis; urging to urinate; painful evacuation, by drops, of bloody urine, and at times of pure blood."

*Capsicum.* "Urine bloody, urethra painful to touch."

*Crotalus horridus.* Hæmorrhage from urethra. Urine scanty, bloody; jelly-like. Hæmaturia with cancer of bladder or prostate.

*Ipecacuanha.* "Hæmaturia: with cutting in abdomen and urethra; from suppressed itch; with vesical spasm."

*Lycopodium.* "Hæmaturia: pain in back before urinating; sediment of red sand; from gravel or chronic catarrh; discharge painless." See numerous and varied symptoms in Guiding Symptoms.

*Mercurius.* "Hæmaturia: with violent and frequent urg-

ing to urinate; in *typhus, etc.*” Not to be overlooked when choosing a remedy for a case of gonorrhœa, cystitis, nephritis.

*Mezereum.* “Hæmaturia preceded by crampy pain in bladder.”

*Millefolium.* “Pain in region of left kidney, followed by profuse hæmaturia; chilliness, which obliges him to keep his bed.” “Urine bloody; blood forms a cake in vessel.”

*Nux vomica.* “Hæmaturia from abdominal plethora, or suppressed hæmorrhoidal or menstrual flow.”

*Parcira brava.* “Black, bloody, foaming urine, depositing a brick-dust sediment of uric acid; deep red and mucous urine. Nephritic colic with hæmorrhage of ureters provoked by passage of stones.”

*Phosphorus.* “Hæmaturia, from debility after sexual excesses; blood deficient in fibrin; general dissolution of blood.”

*Rhus tox.* “Severe tearing pains in small of back; urine contains blood and albumen; anasarca. Bloody, discharged drop by drop, with straining.”

*Sarsaparilla.* “Stone in bladder; bloody urine.”

*Sulphur.* “Painful desire, with discharge of bloody urine, requiring great effort.”

*Terebinthina.* “Violent, burning, drawing pains in kidneys.” (NEPHRITIS, HÆMATURIA.) “Violent burning and cutting in bladder, alternating with a similar pain in umbilicus; worse at rest, better when walking in open air. Hæmaturia. Urine: violet odor, foetid; albuminous; scanty; dark; cloudy, smoky, bloody; \* \* . Hæmaturia. A careful study of the full text will yield rich returns.”

*Thuja occidentalis.* “Continued urging; passes a few drops of blood.”

*Zincum.* “Hæmaturia, or discharge of blood *per annum* (vicarious menstruation); constant desire to urinate, but urine can only be passed while sitting, bent backward.”

## ENDOCARDITIS WITH NEPHRITIS.

Apparently both were acute in a gentleman seventy-three years of age. Etiology undiscovered. "Palpitation" and distress in cardiac region first called his attention to the fact that he was not well. Rapid development. Soon obliged to lie down.

Heart sounds muffled and distorted; leaky mitral valve; entire action of a bubbling or rippling character, as if heart were moving in liquid; resonance under percussion; local soreness, tension and weight; obliged to lie upon back; shallow respiration, any attempt at full breathing causing acute pain, shuddering all over, and a sudden stop when inspiration was half accomplished, 32; pulse full, even, hard, 100; temperature 103.

My first prescription was a failure—*digitalis*, largely on account of the peculiar breathing. *Ignatia* next palliated only. By that time the analysis of urine was completed by an expert and read thus:—"quantity, fl̄xiv in 12 hours; color, light; acid; specific gravity, 1.024; urea, .0350 p. c.; urobilin, diminished; indican, increased; earthy phosphates, diminished; alkaline phosphates, increased; albumin, trace. Sediment, profuse, white. Casts, numerous hyaline, coarse granular, fine granular."

I then made a study of the whole case, received excellent advice from a medical friend who had not been retained by the family, and put a few pellets of *pulsatilla* in potency on the patient's tongue. Counsel arrived soon after, confirmed my diagnosis, and pronounced grave prognosis. In compliance with my earnest request, the medicine was allowed to act undisturbed until our next meeting, unless the patient should meanwhile become worse.

"What in the world do you want to give *pulsatilla* for?"

"Because all his life he has wanted to be in the open air; when he was cautioned not to attempt to drive with his wife, he wept; is thirstless; has white, tenacious mucus on tongue;

has oppression of the chest; has shallow breathing, each partial inspiration ending abruptly with a shiver; has anguish in region of heart; must lie upon his back; cannot urinate without standing; has tremulous hands, which did not tremble before. *Pulsatilla* meets all these requirements; no other medicine does."

Immediate and uninterrupted improvement followed. Nineteen days after my first prescription, nothing wrong could be found with heart or kidneys. Doctor and nurse ended their ministrations. The patient felt and seemed well, though weak, and was allowed increasing liberty.

*Pulsatilla* was not given "for" endocarditis nor "for" nephritis. It was given for the entire individual need; and consequently all ailments disappeared.

### SYPHILIS.

In Tafel's translation of Hahnemann's Chronic Diseases, page 35 *et seq.*, these words occur:—

"In impure coition there arises, most probably at the very moment in the spot which is touched and rubbed, the specific contagion.

If this contagion has taken effect, then the whole living body is in consequence seized with it. Immediately after the moment of contagion the formation of the venereal disease in the whole of the interior begins.

In that part of the sexual organs where the infection has taken place, nothing unnatural is noticed in the first days, nothing diseased, inflamed or corroded; *so also all washing and cleansing of the parts immediately after the impure coition is in vain.* The spot remains healthy according to appearance, only the internal organism is called into activity by the infection (which occurs usually in a moment), so as to incorporate the venereal miasma and to become thoroughly diseased with the venereal malady.

Only when this penetration of all the organs by the disease caught has been effected, only when the whole being has been changed into a man entirely venereal; *i. e.*, when the development of the venereal disease has been completed, only then diseased nature endeavors to mitigate the internal evil and to soothe it, by producing a local symptom which first shows itself as a vesicle (usually in the spot originally infected) and later breaks out into a painful ulcer called the chancre; this does not appear before five, seven or fourteen days, sometimes, though rarely, not before three, four or five weeks, after infection. This is therefore manifestly a chancre ulcer which acts vicariously for the internal malady, and which has been produced from within by the organism after it has become venereal through and through, and is able through its touch to communicate also to other men the same miasma; *i. e.*, the venereal disease.

Now, if the entire disease thus arising is again extinguished through the internally given specific remedy, then the chancre also is healed and the man recovers.

But if the chancre is destroyed through local applications\* before the internal disease is healed—and this is still a daily practice with physicians of the old school—the miasmatic chronic venereal disease remains in the organism as syphilis,

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\*The venereal disease not only breaks out through the removal of the chancre by the cautery—in which case some wretched casuists have considered as resulting from the driving back of the poison out of the chancre into the interior of the body, which up to this time is supposed by them to have been healthy—no, even after the quick removal of the chancre without any external stimulants, the venereal disease breaks out, which gives additional confirmation, if this were needed, of the indubitable pre-existence of syphilis in the system. "*Petit* cut off a part of the *labia minora*, in which for some days a venereal chancre had appeared; the wound healed, indeed, but the venereal disease broke out notwithstanding."

MS. *Fabre, Lettres, supplément à son traité des Maladies vénériennes, Paris, 1786.* Of course! because the venereal disease was present in the whole interior of the body even before the outbreak of the chancre.



and it is aggravated, if not then cured internally, from year to year, until the end of man's life, even the most robust, constitution being unable to annihilate it within itself.

Only through the cure of the venereal disease, which pervades the whole internal of the body (as I have taught and practiced for many years), the chancre, its local symptoms, will also simultaneously be cured in the most effective manner; and this is best effected without the use of any external application for its removal—while the merely local destruction of the chancre, without any previous general cure and deliverance of man from the internal disease, is followed by the most certain outbreak of syphilis with its sufferings.”

A footnote, page 39, says:—

“As also the chancre, when not expelled, acts vicariously for the syphilis within, and does not permit the venereal disease to break out, so long as it remains undisturbed in its place. I examined a woman who was free from all the secondary symptoms of the venereal disease; with her a chancre had remained in its place untreated for two years, and had gradually acquired the size of almost an inch in diameter. The best preparation of *Mercury*, internally administered, soon and entirely healed, not only the internal malady, but also the chancre.”

In the fourth American edition of the *Organon*, Sections 196-8 inclusive, the great discoverer says:—

“It might be supposed that these diseases would be cured more promptly if the remedy known to be homœopathic to the totality of the symptoms was employed not only internally, but likewise externally, and that a medicine applied to the spot itself that is diseased ought then to produce a more rapid change.

But this method should be rejected, not only in local affections which depend upon the miasm of psora, but also in those especially which result from the miasms of syphilis or sycosis. *For the simultaneous application of a remedy internally and*

*externally, in a disease whose principal symptom is a permanent local evil*, brings one serious disadvantage with it—the external affection usually disappears faster than the internal malady, which gives rise to an erroneous impression that the cure is complete, or at least it becomes difficult and sometimes impossible to judge whether the entire disease has been destroyed or not by the internal remedy.

The same motive ought to make us reject the *merely local application* of remedies to the external symptoms of chronic miasmatic diseases. For if we confine ourselves to the suppression of the local symptoms, an impenetrable obscurity is then spread over the treatment which is necessary to the perfect re-establishment of health; the principal symptom of the local affection is removed, and there only remain the others which are much less important and certain, and which are often not sufficiently characterized to furnish a clear and perfect image of the disease.”

These truths need to be re-stated at the present time. Too many physicians belonging to homœopathic organizations fail to make their practice tally with their profession. Of course, there is a staunch body of physicians in our school, who cannot justly be accused of inconsistency. They are mostly the quiet workers.

In contending against syphilis, it has been my fortune to demonstrate the superiority of the Hahnemannian method in public institutions and private practice. Uncomplicated cases have usually been amenable to *mercurius*. Taught by experience, I have worked my way up the potential scale, with increasingly better results. Not all persons require the same degree of strength in medicine, nor does the same individual need the same degree at all times. Young physicians frequently ask for a rule to guide them in this respect. Let me say, that the estimated degree of sensitivity of the patient influences me—the stolid person not needing so high a potency as does the sensitive one. To this rule there are exceptions,

unforeseen, and inexplicable to me unless it be that the high strength is needed to rouse the sluggish nature. But this is true: the more the patient has come under the influence of disease, the higher should be the potency of his remedy—just the reverse of the belief held by many. It has been interesting to watch the progress of a case. A comparatively low strength would do well and wear out. Then the same medicine, a little higher, would carry along the work for a time, only to be replaced later by a still higher potency, with doses farther apart. The observing physician, with an open mind, can thus acquire knowledge of potency and dose.

Generally I avoid conversation upon the dose question, considering it unprofitable in the presence of blind prejudice; but in uncomplicated syphilis, as in the true uncomplicated scarlet fever of Sydenham, there is a good opportunity to learn, and my enquiring reader is entitled to know of the experiences just related.

So far, comparatively easy. But, alas! a majority of the cases that we encounter are complicated with additional poisons—either psora or sycosis, perhaps both, and especially—worse than all the rest combined—bad medication. Of the latter, the Old School of medicine contributes many a wreck; but the victim of the New School pretender is worse off and harder to cure than his Old School neighbor. These are unpleasant facts to mention in this twentieth century. But it is best to meet the situation, and not to try to cover it over. It is especially desirable that the physician should have a free and frank talk and full understanding with his patient at their first interview. Both must be willing to take time and to be faithful, in order to succeed with a badly complicated case.

*Asafætida.* Muscles, glands, periosteum, bones, pains worse at night; ulcers grow black; abuse of mercury.

*Aurum.* Suicidal mood; apprehensive; rush of blood to head; alopecia; orchitis; periostitis; bloated, red face; “knobby” red nose; ozæna; caries of nasal and palatal bones

with boring pains; blistered, stinking mouth; indurated testes; external parts turn dark; swollen, painful glands; corpulency.

*Badiaga*. If a case of suppressed syphilis spends its fury largely upon the glandular system, then this drug should not be overlooked.

*Cinnabar*. Stubborn, angry, phagedenic chancre; syphilis and sycosis together; fan-shaped fig-warts; itching about joints; sensation on bridge of nose, similar to that produced by touching it with a metallic substance.

*Hepar sulph. c.* is often needed. "Great anguish in the evening, almost driving one to commit suicide;" baldness and sensitive pimples on scalp, burning-itching; cold, sour sweat on head and face, relieved by warmth and rest; nodosities on head, sore to contact, relieved by covering the head warm and from perspiration; inflammation of eyes and lids, sore to touch, with lachrymation; gums and mouth painful to touch and bleed easily; teeth loose; ulcer on gums and in mouth, with base resembling lard; tip of tongue painful and sore; "when swallowing, sensation as if a plug were in throat, or as if splinters were sticking in it" [compare *mercurius*, *lachesis*, *nitric acid*]; scraping in throat when swallowing saliva; hawking up of mucus; swelling of tonsils and glands of neck; dry throat; stitches in throat, extending to ear; ulcers like chancres on prepuce; itching of glans and frænum; humid soreness on genitals and scrotum; "inflammation, swelling and suppuration of the glands [*badiaga*, *carbo an.*]; caries [*fluor. ac.*, *merc. v.*]; suppurations, especially after previous inflammation; ulcers very sensitive to contact, easily bleeding, burning or stinging, with corrosive pains. Great sensitiveness of the affected parts to contact. *Aggravation*, at night; from cold air; from lying on the painful side; from external pressure; from touching the parts; during sleep; when swallowing food. *Amelioration*, from warmth, from wrapping one's self up warmly. After abuse of Mercury—pain in the bones—catarrh:—

against the abuse of *Kali hydriodicum* in massive doses, *hepar s. c* is the best antidote." (Lippe.)

*Kali hyd.* Despite the fact of its terrible abuse, there is, very occasionally, a legitimate demand for this drug. Secondary or tertiary, mostly. Pains worse at night. Constant, irresistible desire to walk in the open air. It does not cause fatigue.

*Lachesis.* Blue edges of dilatory chancre or bubo ulcer; sore throat, with the peculiar modalities of sides, sleep, etc.

*Lycopodium.* Tertiary. Great depression, with indigestion. Glands; bones; skin. Generally follows *lachesis*. Modalities opposite to that remedy.

*Mercurius vivus* heads the list, being indicated oftener than any other remedy. It corresponds not only to the chancre (hard [*hepar, merc. biniod., merc. protoiod.*], or soft [*hepar, merc. subl. cor.*]), bubo [*graphites, blue, lachesis*], sore mouth and throat [sensation of splinter, *hepar, needle or hot wire, nitr. ac.*, hot ball, dry, rough, burning, smarting, *phytolacca*], and coppery eruption [*badiaga, carbo an., merc. bin., nitr. ac.*], but also to the mental depression [*aurum, asaf., hepar, lach., nitr. ac., phytol.*], alopecia [*aurum*], exostosis [*fluor. ac., hepar*], iritis [*asaf., aurum, merc. subl. cor., nitr. ac.*], glands [*badiaga, carbo an.*], pain in shin bones [*phytol.*], gummata and paronychia (see *natr. sulph.*, Chapter on Gonorrhœa-sycosis), caries [*sil., fluor. ac.*, perforation of nasal septum, *merc. subl. cor.*], ulcers [*asaf., hepar, nitr. ac., phosph., silica*], and general aggravation at night upon getting warm in bed. It is the remedy in congenital syphilis, as I have repeatedly shown. Up to the thirtieth centesimal potency (there is not room in my office for the decimal scale) the trituration is the best. Above that I am satisfied with moistened pellets.

*Nitric acid* is a very prominent remedy. Sadness, despondency; anxiety about his disease, with fear of death; excessive nervousness, great excitability, stitches in the head, compelling one to lie down and disturbing the sleep; humid, stinging, itch-



ing eruptions on vertex and temples, extending to beard, bleeding easily, on scratching it, and sore when lying upon it; head sensitive to touch and pressure, even to pressure of hat—worse in evening and in parts on which one lies; “the hair falls off, with humid eruptions, paining as if splinters were thrust into it, or when touched; also on the genitals, after the abuse of mercury; with nervous headaches, great debility and emaciation; pain in the bones of the skull, with the sensation as if they were constricted with a tape—worse in the evening and at night—better from cold air [reverse of *hepar*], and while riding in a carriage.”

Pressure and stinging in the eyes; inflammation of eyes, especially after suppressed syphilis or after abuse of mercury; stitch in nose, as from splinters, when touching it; teeth become yellow or loose; teeth feel long; gums white, swollen, bleeding; ulcers in mouth and fauces, with pricking pains; putrid, cadaverous smell from mouth; dry mouth, with thirst; ptyalism; “painful soreness of soft palate, tongue and inside of gums, with stinging pain and ulceration of corners of mouth;” throat dry and hot; tongue sensitive.

Itching, burning, stinging at anus and rectum; anus humid; while urinating, smarting and burning in urethra; “chancre-like ulcers on prepuce and corona glandis, with pricking, stinging pains; sycotic condylomata; small, itching vesicles on prepuce, bursting soon and forming a scurf.” Brown and red spots on skin. Bleeding ulcers with stinging pain when touched; edges hard, everted, irregular; exuberant granulations; inclined to spread in circumference rather than in depth, tendency to fungous growth; carious, mercurial or syphilitic. Inflammation, swelling and suppuration of glands; painfulness and inflammation of bones—caries. “Generalities: Pricking pains, as from splinters, especially from contact; rheumatic pains in the limbs (from taking cold); cracking in joints; hysteria; epileptic attacks; great debility, with heaviness and trembling of limbs, especially in the morning; syphilis (sec-

ondary); sycotic condylomata; and sycosis." (Lippe.) "Conditions: especially suitable after alkalies, for lean persons with dark complexion, black hair and eyes; pains on change of temperature and weather; great inclination to take cold; pains felt during sleep. *Aggravation* in the evening and at night, on waking; on rising from a seat; from touching the parts. *Amelioration* from eructations; while riding in a carriage." (Lippe.)

I have found the sensation "as if pierced with a hot wire" characteristic of *nitric acid*.

*Phosphorus* has been of great value to me in the treatment of syphilitic alopecia, the hair coming out in bunches; ulcers of the scalp, with or without involvement of bone; large, red, scabby nose; extensive, irregular, shallow, deep-red ulcers on the chest, with thick, brown crusts fringed with yellow pus—becoming bare, raw, glistening, insensitive surfaces as improvement advanced; mercurio-syphilitic ulcers; necrosis of bone; all these in tall, thin, pallid, weak, languid, low-spirited persons in the "tertiary" stage. It works well before and especially after *silica*.

*Phytolacca*. Sometimes overlooked when required for throat, nerves, bones, joints, muscles, skin. Shifting pains. Ulcers look as if punched out [*Kali bichr.*], with lardaceous base [*merc. v.*].

*Silica* is potent after *hepar* and *nitric acid* have cured the sore mouth and tongue, if "tertiary" skin-ulcers follow. Thin, pale men, unable to endure cold weather, which they feel between the shoulders first. *Silica* revives their spirits, strength and appetite, with improvement of all symptoms. See *phosphorus*.

*Staphisagria*. After abuse of mercury. Dry, pediculated fig-warts; stiff joints; painful glands; swelling and suppuration of bones and periosteum; arthritic nodosities on joints.

These few indications, well in hand, are more valuable than many confused mental pictures. Of course the vicissitudes of

practice demand of the physician frequent consultations with his books, and selections outside this list. It is my purpose to show the trend of my experience—not all of it.

A few illustrations may be of service:—

I. H. M——, age thirty-seven, contracted soft chancre. Shame kept him from me until ulceration had involved glans penis and prepuce. Great depression of spirits; apprehensive, full of fear, no confidence in himself, easily fatigued by mental or physical work, could not be driven to his desk. Susceptible to all sorts of pains; on thinking of them, he imagined he already felt them. All symptoms worse at night. The victim of running ears and skin eruptions. At the time I considered *aurum* the most similar remedy, and gave it (cm. F.). Great improvement followed. Nevertheless, I have since questioned if I should not have given *mercurius*. He went to work for a few days and then gave it up again. A minute ulcer remained, prepuce swollen and tender, large buboes in both groins, throat slightly sensitive. Soon the following symptoms were added: Feet held to the earth as by a magnet, when attempting to move; when moving, felt as if pricked with needles, the pain running quickly from feet to head; every joint and muscle of body and limbs stiff and sore; sour night sweats; great emaciation with loss of appetite. *Ledum*, two hundredth, in water, cured speedily.

II. H. S——, young adult, dark complexioned, of good physique and perfect health, became poisoned with soft chancre. He first applied to a physician who acted upon the theory that the trouble was local only and required local treatment, and that exclusively. The douche, “black wash,” calomel and other suppressing substances were brought into action. When the patient first consulted me, the frænum had sloughed away, and numerous sinuses allowed the urine to pass unnaturally from the urethra. This was one of those very rare cases where syphilis becomes fastened upon a previously healthy organism. *Mercurius* alone worked a complete cure. The

patient came under my observation thirty years ago. He has remained well.

III. Mr. C——, about sixty years of age, became the victim of true Hunterian chancre in 1864. He received medical treatment of uncertain character, and all traces of the malady disappeared with the “primary” lesion. In 1872, he was surprised by the appearance of suppurating buboes and alopecia of scalp and eyebrows. He denies the pre-existence of any other lesion in that attack, and says that he was perfectly well between the two attacks just described. Again he put himself under treatment, and was apparently restored to health.

May seventeenth, 1890, he consulted me for the following symptoms: In the early part of the night formication, first in the anus, extending to glans penis; disagreeable sensation entire length of urethra, as of desire to urinate; next a feeling in anus as if some agency were “pulling down;” then an involuntary escape of a few drops of burning hot urine, and a feeling as of more to follow. After sleeping a short time, aroused with great itching of anus and desire to urinate; micturition difficult; herpetic eruption on thighs and groins; hair becoming gray and falling off; stomach cold; limbs feeble. Physical examination of anus, rectum, prostate and bladder yielded negative results. Microsco-chemical examination of urine revealed a few crystals of uric acid, very few mucous corpuscles and one round epithelial cell; otherwise normal.

I felt no hesitation in diagnosing his case as of syphilitic origin; and as the symptoms pointed to *mercury*, he received a dose of it (Fincke’s cm. potency), dry upon the tongue. In a month he declared himself well.

The foregoing three cases, published in 1890, are well as I write (1905).

IV. Mr. P——, tall, slender, wiry, active, dark-complexioned, fifty-seven years old, contracted syphilis, seventeen or eighteen years before he came under my observation (fifteen years ago). He was cauterized externally and dosed inter-

nally by an old school gentleman, had buboes and sore throat. After a while he was discharged, "cured," and seemed perfectly well for seventeen years. Then he presented these symptoms: languid, lazy, low-spirited, worrying without cause; sensation as if skull pressed upon brain, at a spot near posterior border of left parietal bone half way between ear and coronal suture, worse at night, preventing sleep; sleepy in day-time; buzzing in left ear; constipation. Careful physical examination yielded nothing. Of course, I feared exostosis on the inner surface of the skull. *Mercurius*, high, relieved the situation, and again he thought himself "all right."

In a few months nature again let us see her hand. Fortunately the exhibition was upon the outside. The patient's vertex became bald and ulcerated. He received another dose of *mercurius*. This time reaction was slow but steady, and I began to hope that we had won the fight against suppression and metastasis—even of the dreaded "seventeen year" type. He removed to a distance. At length he began to complain of incontinence of urine. His spinal cord was yielding. We were too far apart. He fell into the hands of the Phillistines, who gave him the most heroic treatment I ever heard of. At last accounts he was steadily failing.

It is my deliberate opinion that, in the brief period allowed to it, Homœopathy made a brilliant demonstration in this case while contending against tremendous odds.

V. One more case may suffice—a sad and instructive one. Mr. H——, age thirty-two years, discovered a true Hunterian chancre four and a half years ago. The family physician, a true homœopathist, referred him to a supposed homœopathist for cure. The only treatment given at that stage was to dust calomel upon the sore. The chancre disappeared.

Next buboes (slight).

A few weeks later, sore throat, pain in back, rash. Then inunctions were started—a large capsule of mercury every day. They created so much "rheumatism" that the dose was



reduced to half a capsule. Off and on, they were continued for three years. This medication was alternated with the internal use of iodide of potassium. One autumn he took yellow tablets, supposed to have been iodide of mercury. Other kinds of tablets were taken at different times. Mouth and throat were obstinately sore. They were frequently swabbed with a solution of nitrate of silver or a combination of iodine and kreosote.

About a year and a half after the appearance of the chancre, gonorrhœa was added. The former described treatment then received additions and variations. Among other things he took white powders. But the main reliance was upon injection of protargol, sulphate of zinc, "dark red liquid," *et al.* Of course, gleet ensued—and stricture—and mechanical dilatation.

At the end of three years, nature appeared to relinquish the contest. Treatment was discontinued. One day the subject met the doctor's associate in a street car.

"How are you?"

"Guess I'm out of the woods now."

"That was pretty severe treatment, but it did the work."

The respite was short. Nemesis relentlessly pursued. Sore mouth and tongue; stiffness of muscles; infiltration of subcutaneous cellular tissue. He sought my help. I gave him *nitric acid* and sent him to his family physician, with *memorandum* of prescription. The family physician was somehow persuaded to give *syphilinum*. Long ago, Lippe warned me against giving *syphilinum* to *syphilitic patients*. "Of course they have *syphilinum* symptoms. If you give it, they seem to be better for a time; but it is palliation only; and when they get worse again, your task is greater than ever." It was so in this case. And I had to shoulder the management, for the case was referred back to me.

Reviewing the whole history and endeavoring to undo some of the mischief which had been so persistently done, heeding

the splinter signs, I gave *hepar*, two hundredth, four times a day, until improvement should be noticed. In two weeks I was able to lengthen the time between doses; and two weeks later, to wait. That sort of procedure did well for nearly three months, and then wore out. I then used higher potencies of the same remedy, with a little benefit.

Next *nitric acid* in the same manner, the pains being more needle-like and with no desire to cover warmly. It did fully as much as *hepar* had done, but wore out in a few months, when *hepar* was again indicated.

Those two remedies did much for the patient. They developed two large, suppurating buboes and healed them; and then developed: "two large, deep-red, painless, slightly swollen areas on glans and inner surface of prepuce; scaly spots in centre of palms" and healed them. As it is, I think he is nearly cured. Ask the diabolical inunctions. Gram's test no longer accuses him of latent gonorrhœa.

"The Dispenser of all good things has granted us aid, by means of Homœopathy, for the removal of natural diseases only; but those which have been superinduced by a false art—those in which the human organism has been maltreated and crippled, both internally and externally, by means of pernicious medication, the vital power itself—provided, indeed, if it be not already too much enfeebled by such assaults, and can employ, uninterruptedly, whole years to the serious process,—the vital powers must remove those factitious diseases (assisted by appropriate aid directed against a chronic miasm, which probably still lies concealed within). An art of healing, intended for re-establishing to their normal condition those countless morbid changes of the body which are often induced by the mischievous arts of allopathy, does not, cannot exist." (Organon, Sect. 76.)

## FROST BITES.

The inhabitants of the far North appear to be good homœopathists by nature. Their domestic practice consists mainly in the cure of frost bites; and the results of their treatment are marvelously good. "A native," says Dr. Hayes, "who had his leg frozen above the knee, to such an extent that it was stiff, colorless, and apparently lifeless, was placed in a snow house at a temperature of  $29^{\circ}$  below zero. The parts were now bathed in ice cold water for about two hours, and then enveloped in furs for about twice that period. At the end of this time frictions were commenced, first with the feathery side of a bird's skin, and then with snow, alternately wrapping the limb in furs, and continuing the rubbing for nearly twenty-four hours. The limb was now carefully covered, and the temperature of the room elevated by lamps above zero. On the third day the man was removed to his own house, and in seventy hours he was able to walk about, with only a slight frost bite on one of his toes."

Physicians practicing in the temperate zones cannot eclipse that record. Similar action is indicated when assisting persons yet frozen. True, most cases have been neglected and maltreated before they reach us, especially so in hospital practice; and are already ulcerating or mortifying—too commonly pushed to the bad by alcoholism in depraved and debilitated constitutions. However, the law of cure is mighty to help them. During all the years of my attendance as visiting surgeon to the Homœopathic Hospital, Ward's Island, and the Metropolitan Hospital, Blackwell's Island, the amputations that I have had to perform in consequence of frost bites (and there was a surfeit of cases) can be counted on the fingers of one hand.

*Coffea tosta.* "Therefore when I, whilst deprecating its abuse as an every day beverage, commend the great medicinal virtues of coffee, I do the latter merely in reference to its

*curative* employment for chronic ailments that bear a great resemblance to its primary action (note), and in reference to its *palliative* employment in acute diseases threatening rapid danger, which bear great resemblance to the secondary effects of coffee. The following are examples of the excellent palliative employment of coffee in diseases that come on rapidly and require speedy relief; sea-sickness, poisoning by opium in those unaccustomed to the use of coffee, poisoning by *veratrum album*, the apparent death of the drowned, suffocated, but especially of frozen persons, as I have frequently had the satisfaction of witnessing." (Hahnemann.)

*Amanita*, commonly called *agaricus muscarius*, has great sensitiveness to cold, and the sensation of cold in parts that are really warm; has cold, blue limbs; burning, itching, redness and swelling of the various parts; pricking; biting; formication; ulcers; gangrene. It has drowsiness and stupor. Therefore it holds a peculiarly similar relation to the effects of cold, ranging all the way from stupor and threatened death to chilblain. Clinical experience has abundantly verified the provings. I would trust them, for the constitutional treatment, had I to care for a man frozen in his saddle on the western plains. Assuming that the parts are no longer frozen, a potency of the medicine in water, given internally, and a neutral, bland dressing if there be an open sore, meet the requirements of the case.

*Carbo animalis*. "Frost bites; inflamed, burning." "Benignant changed into ichorous suppuration."

*Carbo vegetabilis*. Itching; burning; blueness; redness. "Humid gangrene."

Compare *arsenicum album*, *badiaga*, *chamomilla*, *cinchona officinalis*, *crocus sativus*, *crotalus horridus*, *muratic acid*, *nitric acid*, *pulsatilla nigricans*, *rhus toxicodendron*, *sulphur*, *sulphuric acid*, *zincum*.

When ulceration or mortification exists, its needs must be studied. (See chapters on same.) It should be remembered

that the cure is to come from the internal medicine, the dressings being bland and non-medicinal. I have seen disasters follow the opposite practice.

### INSOLATION. SUNSTROKE.

The common practice of sprinkling, sponging, douching or immersing the patient with cold water is after the plan of *contraria* and therefore wrong. To apply iced water is urgently to invite death. The worse the case is the warmer the water should be, in each instance just a little below the temperature of the patient. He may drink freely of water that is not too cold. So much for general work. No homœopathist would be content to stop there. The application of water is trifling and inconsequential when compared with giving a medicine which is similar to the needs of the individual case. I have cured bad cases with medicine alone. Dry pellets of the selected potency dropped upon the tongue are efficacious, but a solution is preferable when it is practicable to give it.

*Belladonna* has done good work at my hands in stout, impressionable subjects, especially women, presenting the characteristic eye, flushed face, and throbbing headache. I recollect one case which also experienced benefit from sipping hot broths. *Belladonna* cured. As soon as possible the patient was taken to sea, and the change aided convalescence.

*Camphora*. Great sinking; oppressed breathing; labored action of heart; coldness.

*Gelsemium semp.* Gradual or sudden, partial failure of the life forces. Pain predominating in the occipital region, worse during recumbency. Especially indicated in hot, damp, stifling weather.

*Glonoïne, Nitro-glycerine*. A very important remedy. Violent headache; vertigo; merging into unconsciousness; sopor; convulsions; altered vision; conjunctivæ injected; pale; thirsty; pain in stomach; dyspnœa; constriction in throat; pulse bounding, tense, sometimes dicrotic; tremor; prostration.



## BURNS AND SCALDS.

John Hunter held the burned parts to the fire. Sydenham applied alcohol to them. Edward Kentish advocated hot oil of turpentine or alcohol. Hahnemann pointed out the superiority of hot over cold alcohol. All these substances excite burning sensations in the healthy and therefore help the similarly sick. Let us consider the provings contained in our materia medica.

*Cantharides*. The text yields the following symptoms: "Superficial ulcerations, caused by burns, with burning pains and lachrymation." "Burns, before blisters form, and when they have formed." Nothing is more characteristic of the action of Spanish Fly upon man than the sensation of burning; and the remedy has served well in the treatment of burns and scalds of all degrees, *that sensation existing*. I have succeeded best by applying locally a medium, alcoholic potency, or cerate and giving a higher potency by the mouth. The kidneys and bladder are then safe, and the greatest possible assistance is obtained, be the lesion ever so serious. The acute stage may have passed when the case comes to hand, yet it is well to give this medicine until positive indications for another remedy appear. It does seem strange that only a minority of physicians have profited by the hint which is printed in the Guiding Symptoms, Vol. III, foot of page 294. It reads thus: "Recommended by Dr. Hering as a most valuable remedy in scalds and burns. The injured part is immersed or bathed in a few drops of the tincture in water. A potency may be given inwardly. To demonstrate the truth of *similia*, he frequently challenged skeptics to burn their fingers and then immerse the injured member in a dilution of *Cantharides*. Eds." Who are responsible for the non-dissemination of the truth? In other words, who teach the treatment of burns and scalds? If some of the uninformed would once follow the course which has been outlined here, they might see a great light in consequence.

*Graphites*. Knowledge of the similarity of this substance to imperfect scars arms us against the vicious cicatrices which are prone to follow burns with destruction of tissues. Following *cantharides*, a medium or high potency, given internally serves best, so far as I have seen. At the same time some neutral, oily dressing is needed.

*Petroleum* rivals *graphites*, during granulation and cicatrization. Observe in the text of both drugs the same tendency of the skin to crack and the same aversion to winter; but the latter has less local soreness and pain than the former. Careful comparison between the two gives more decisions in favor of the former than of the latter. At least that has been my experience. *Petroleum* follows *cantharides* well. Give the potency internally and apply locally the crude substance or its filtered product, vaseline.

*Stramonium* has been successful in the treatment of burns of the first degree. Its rich store of symptoms shows how it may help a peculiar, nervous organization when afflicted with burning sensations. I should also consider it in extensive burns of the second and third degrees, when ulceration of the duodenum seemed imminent.

*Urtica urens* is useful for burns of the first degree, when the existing sensation is like nettle-rash.

## FRACTURES.

What can Homœopathy have to do with broken bones? Let us see.

The old school surgeon diagnoses and treats fractures with great skill. It is incumbent upon the new school surgeon to display as great diagnostic skill as does his neighbor of the old school; to be equally resourceful and adroit in the handling and management of fractures; and to demonstrate superior ability to prescribe medicines for the injured individual patient; or else to confess failure. In practice the Hahne-

mannian surgeon has not been found wanting. Is my meaning clear? Let me illustrate:

Two skilled surgeons, one allopathic and the other homœopathic, agree in the diagnosis of a simple fracture of the shaft of the femur. They agree to put the fracture in a Buck's extension apparatus. The patient suffers shock and pain. Right there the surgeons separate. They do not reunite in the subsequent treatment of the case. Let us trace their careers. The allopathist gives morphine. The patient sleeps long and heavily. The next day his head aches, his mouth is foul, appetite has fled, and he is constipated. He is given a cathartic. This is followed by action, reaction, repetition; and so on. Soon his digestion breaks down; he cannot sleep; he becomes nervous and unhappy, emaciated and weak. Polypharmacy claims him for her own. To be generous in making this comparison, we will pass the delayed union which sometimes results from an unhealthy general condition and all implied by it. At the end of some weeks there is rejoicing over union which is firm enough to justify release from immobility and to permit movement on crutches. The surgeon shows a good result. No one should disparage his work. The patient recovers health at leisure.

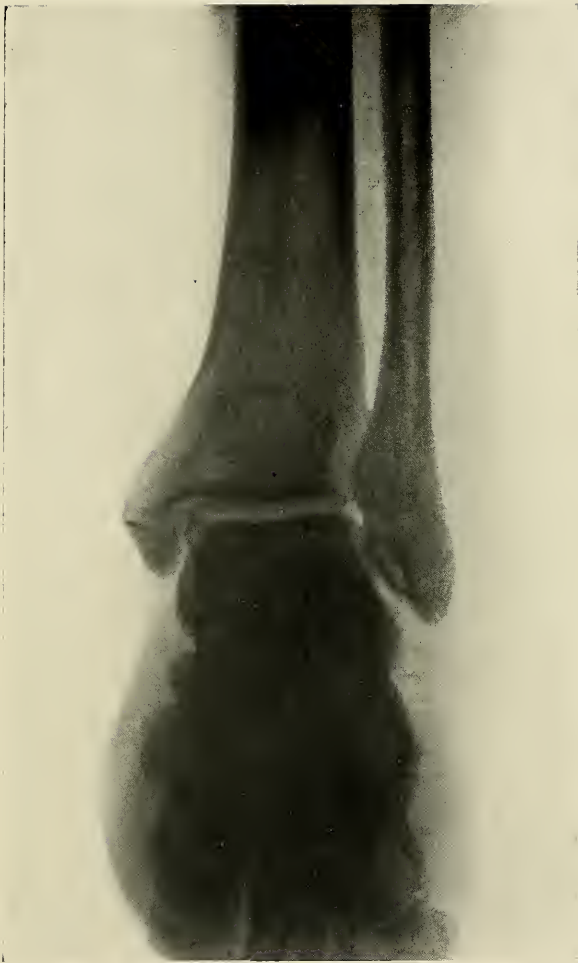
On the other hand, the homœopathist gives a potency of *arnica* or other well-chosen similar to shock, pain and all else that is morbid and caused by the accident. He produces no headache, indigestion or constipation. If they appear in consequence of confinement, he gives *nux vomica* or whatever all the symptoms homœopathically demand. He gains the desired end in the shortest possible time, without any troublesome reaction. Every indisposition is met by *similia*. The successive stages of repair are shortened. The cure is swifter, more comfortable and more complete under *similia* than under *contraria*.

Does muscular spasm interfere? It yields to *ignatia* or whatever medicine is similar to the whole case. If union is

delayed, *calcareea phosphorica* and *symphytum* await selection. If the fracture is compound, comminuted or complicated and in need of operation, efficient aids are at hand in the form of *arnica*, *calendula* and *staphisagria*, as shown in the chapters on Wounds and Injuries. Pleurisy, resulting from injury inflicted by a broken rib, may yield completely to *arnica*; and if a supplement be needed, *bryonia* and *kali carb.* compete for choice. The ankle joint, slowly regaining function after a Pott's fracture has reunited, receives various beneficial ministrations. The most valuable of them all is the internal, homœopathic remedy, with *rhus toxicodendron* and *ruta graveolens* striving to gain first place. Colles' fracture, which too often rewards skill and assiduous attention with a distorted and stiffened wrist joint along with undeserved reproach, while perforce recognizing the worth of bandage, massage, inunction and well-directed exercise in the work of restoring function, nevertheless yields greater obedience to *rhus* and *ruta*. Does King Alcohol reign and threaten disaster to the patient? He will be dethroned by *arsenicum album*, *hyoscyamus niger*, *nux vomica* or whatever medicine has proven symptoms which are most nearly like those of the patient. It would be impracticable to mention all the situations which need the homœopathic prescription. To do so would involve mention of nearly every case in practice. The surgical case, equally with the medical case, certainly demands individualization. I do not recollect a single fracture confided to my care that has not demanded and received, with benefit, medical treatment similar to few or many symptoms. My experience with a large number of cases has demonstrated the value of such practice.

#### FRACTURE OF THE LOWER END OF THE FIBULA.

A man of powerful build, in the prime of life, was lifting some heavy planks. A mis-step, a twist of the ankle, a loud snap, a tumble in a heap, and pain and lameness, soon followed



FRACTURE OF FIBULA.





by great swelling, announced a sprain of the ankle, as he supposed. He applied *arnica* and hot water, but continued to use the foot. The alleged sprain did not improve.

Nine days later, inspection disclosed a symmetrical member, too swollen to permit diagnosis by usual methods. The Roentgen-ray revealed an odd fracture of the lower end of the fibula, which is faithfully represented by the accompanying pictures. I applied a two-and-a-half-inch muslin bandage; beginning with three turns above the ankle and working down in such a way that the malleolus and ligaments were firmly supported and mostly forming a figure of eight. I ordered crutches and gave, internally, potentized *arnica*. On the twelfth day, the swelling was down; the dressing was renewed; and *calcareea phos.* took the place of *arnica*.

The ambulatory treatment of fractures is too radical for me. In the interests of truth, be it known that this patient disobeyed me and walked with a cane every day, instead of keeping the lame foot from the ground and accomplishing locomotion in the prescribed manner. Nevertheless the result was good. *Arnica*, *calcareea phosphorica* and the bandage did good work.

#### POTT'S FRACTURE.

The following case of Pott's fracture shows that proper union may be obtained under difficulties. The subject was already past middle age. Despite all warning and entreaty, she had led an indolent life, solaced with coffee, candy and novels. She had little nervous strength and was utterly unprepared to meet the ordeal that accident brought her. While descending a flight of stairs, the heel of her shoe caught against the carpet and she fell heavily, her right leg receiving the brunt of the impact. Both bones were broken a short distance above the ankle joint, the sharp end of the wedge-shaped upper fragment of the tibia putting the skin perilously upon the stretch, at a point one inch above the ankle joint. It was

my ambition to avoid the usual spreading of the joint. Therefore the dressings were carefully moulded to the limb while extension and counter-extension were maintained by hand; and before the plaster hardened, the X-ray was employed to prove the accuracy of the adjustment.

Potentized *arnica* was given internally for three days, to meet the severe shock and injury; but traumatic delirium developed and *arnica* was replaced by *ignatia*, which was called for by sadness, trembling, twitching, dim-sight, intolerance of noise, watery urine, scanty and restless sleep and over-sensitiveness to pain. The remedy palliated, only—an ominous sign to me. I remembered the *dictum* which Dr. Lippe had given me years before, that palliation only, from a well selected remedy, foretold disaster. Rarely does art triumph after such an exhibition. When *ignatia* could no longer help *calcareæ phosphorica* followed. It not only favored union, but helped towards general health, being similar to involuntary sighing, trembling of arms and hands and sensitivity to slight touch.

The bones united. The ankle joint became good. The mental unsoundness continued.

#### COMPOUND, COMMINUTED FRACTURE OF THE TIBIA, WITH SIMPLE FRACTURE OF THE FIBULA.

At the battle of Cold Harbor, the late Dr. Constantine Lippe, then a captain of cavalry, was wounded in the right leg by a piece of shell, which shattered the tibia and made a simple fracture of the fibula, both compounded with an extensive wound of the soft tissues. At the field hospital, and later in the hospital at Washington, he refused amputation. For a long time he lay with his leg in a fracture box. His father, Dr. Adolph Lippe, sent medicine to him by a friend. He did not die, as had been predicted, but regained union of the fibula, with seven-eighths of an inch of shortening, and also a peculiar reconstruction of the tibia, so that he was enabled to leave the hospital on crutches. Fragments of bone continued to come

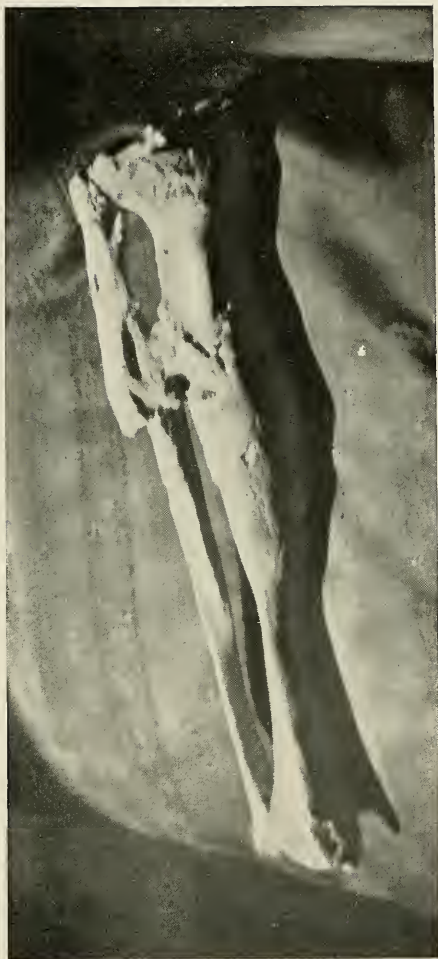


A

COMPOUND FRACTURE TIBIA AND FIBULA SHOWING  
BRIDGE OF BONE.







B

COMPOUND FRACTURE INVOLVING TIBIA AND FIBULA  
SHOWING BRIDGE OF BONE IN HEALING.



away for years and new osseous tissue to fill the gaps, until repair was complete and function restored. In compliance with his expressed wish I made a *post mortem* dissection of the leg. Dr. Charles McDowell kindly prepared the specimen. This history and the accompanying pictures show what a sturdy constitution, when aided by the law of cure, is able to accomplish.

#### FRACTURE OF THE PATELLA.

It is possible to get union of a fractured patella. A muscular and active young man was accustomed to weigh a piece of ice while standing on the rear step of his ice wagon; take it, with the tongs, from the scales; face about; spring to the ground while holding the ice as already described; and trot quickly away with it. One day the weight of a large block of ice, working in conjunction with an unusually hurried spring, caused his patella to snap asunder across its middle. The resulting gap was large.

The limb was put upon an inclined plane with the foot elevated; the muscles of the thigh were stretched downwards, with particular care, by means of adhesive strips and a bandage applied from above downwards; the leg strapped and bandaged upwards; and the fracture accurately adjusted and fixed by a bandage.

*Arnica* in potency was given internally. On the eighth day *calcarea phosphorica* replaced *arnica*. The patient was obedient. He received faithful attention. His convalescence was good. His patella was perfectly restored and has withstood the brunt of years of active service.

#### LACERATION OF THE LIGAMENTUM PATELLÆ.

Four cases have come under my observation. The subjects were elderly men who had been athletic in younger days and who, when the accidents occurred, made greater exertion to save themselves from injury than was consistent with the impaired strength of their ligamentous tissues. In every in-

stance the lesion was at the upper border of the patella and the resulting gap was great. The torn parts were kept in apposition until they were sufficiently healed to allow passive motion, and then function was re-established. The injured member was first put upon an inclined plane, the foot elevated, and coaptation maintained by adhesive strips and bandages, as in the treatment of fracture of the patella. Six weeks or more were required for this step. The next six or more weeks demanded one's best judgment and application, in restoring function without damaging the feeble union. Passive motion while the muscles of the thigh were pressed downwards for safety, massage, bathing and friction were employed. When union appeared to be firm enough to warrant the undertaking—never earlier than twelve weeks after the accident—locomotion was permitted, first with crutches or canes and later without assistance. The results were excellent.

I am convinced that the medical treatment of these cases contributed to success fully as much as did the surgical treatment. Neither alone could have wrought the speedy and complete triumph that was achieved. They deserve equal honors. The first two cases were rheumatic. The approach of storms gave them more pain than did the storms themselves. They felt tearing pains in their limbs during rest. Their muscles and joints suffered more when beginning to move than they did after brief exercise. Their injuries had been of a straining, tearing character. *Rhus toxicodendron* comes the nearest of all proven medicines to this combination of symptoms; and therefore *rhus tox.* in potency they received. By virtue of its similarity to the subjective and objective symptoms of the patients, it not only cured their rheumatic ailments, it also hastened the repair of their traumatisms.

The last two cases were more difficult to manage. The subjects were past seventy years of age. The parts hesitated about uniting. Cutting pains were felt in thighs and legs. The legs jerked when their owners were on the point of fall-

ing asleep. Sleep was impossible between two and four o'clock every morning. Tell me, my old school brother, what possible bearing the apparently irrelevant and incompetent evidence just given can have upon ruptured *ligamentum patellæ*? You cannot comprehend the situation until you understand and accept the law of cure and become somewhat familiar with the homœopathic materia medica. Then you will know that the symptoms recited were the strange, peculiar and most important expressions of the sickness of the individual man; that they indicated his physical needs, which were responsible for the delay of the parts to unite; and that the medicine which exhibited very similar proven symptoms relieved the sick person and facilitated the repair of his injury. The experienced Hahnemannian knew, as soon as he read the statement of the cases, that I gave *kali carbonicum*, in potency. He reads a little farther, and his expectations are satisfied with this recital of events: It was interesting to watch the effects of the remedy. The symptoms abated. The commissures of the openings began to fill in; the openings steadily became narrower; and thus the work of repair went on to completion.

#### FRACTURE OF THE SHAFT OF THE FEMUR.

A healthy young woman fell from a height and sustained a simple fracture of the middle third of the femur, with other, minor injuries. There was great shock. An ambulance conveyed her to a hospital, where she became the patient of an eminent surgeon of the old school. She was put in Buck's extension apparatus. There is good evidence to show that this treatment was not varied in eleven months. Coaptation splints were not applied. There was a good Roentgen-ray apparatus in the house. It was not used in this case. At the end of one year she was sent out on crutches. She has since become able to walk. The accompanying radiograph shows the present condition of the bone; and demonstrates what nature can sometimes accomplish under difficulties.



## FRACTURE OF THE UPPER FOURTH OF THE FEMUR.

My anxiety over a fracture is acute until the patient is discharged, cured. I once developed an extra attack of rheumatism in the interest of a youth who had been run over by an ice wagon. Strangely and fortunately, a depression in the pavement of the street allowed his buttock to sink below the surrounding level, which saved it from being sheared from the body near and in a line with the groin. The result was a simple fracture of the femur a short distance below the lesser trochanter and a pulpifying of the muscles. There were two inches of shortening soon after the accident. The upper fragment of bone tilted forward and slightly outward. The shock was great. A potency of *arnica* internally and *arnica* in hot water externally did their appointed work. Then Buck's extension maintained the proper length. After trials and tribulations, the perverse upper fragment of bone was brought into apposition with the lower fragment and kept there by means of a carefully moulded coaptation splint of Russian felt, which had been nicely fitted to body and limb by my wife. *Calcareo phosphorica*, two hundredth, stimulated union. The cure was complete. No difference in appearance, measurement or function between the two lower limbs can be discovered.

## IMPACTED FRACTURE OF THE NECK OF THE FEMUR.

A woman seventy years of age, a patient of Drs. Nash and Santee, at Cortland, N. Y., received the force of a fall upon her side and hip. There was an inch and a quarter of shortening at first, which did not increase later. Fortunately no violent extending force had been exerted while making preliminary examination. No crepitus could be elicited. The foot was in a natural position. The patient was unable to rotate the limb. Passive motion at the hip joint was fairly good. Passive rotation demonstrated a smaller arc in the disabled member than in its fellow, and completed the diagnosis of impacted fracture of the neck of the femur. The X-ray

was unavailable. With no restraint save caution, the need of which the patient fully understood after the character of the injury had been explained to her, the brunt of the work came upon homœopathic medicine at the hands of her physicians, sustained by careful nursing.

The patient's first endeavor at locomotion was with crutches. Later she had the heel of her shoe lifted and walked with the aid of a cane.

FRACTURE OF THE NECK OF THE FEMUR, PARTLY WITHIN  
AND PARTLY WITHOUT THE CAPSULE.

A woman, seventy-three years of age, slipped upon the ice and fell in front of her residence. She was immediately taken to her room. Extension had been applied before the case came to my hands, which left me in ignorance as to possible progressive shortening; but the remaining testimony pointed to fracture of the neck of the femur, probably within the capsule. I greatly desired a shadow of the injured bone. Dr. Lewis Gregory Cole relieved me of many details in the conduct of the case. How could he obtain the shadow at the patient's residence? At this juncture Dr. Spencer Carleton devised a plan which up to that time had not been suggested by any one and which obviated the difficulty and worked perfectly. He had the X-ray apparatus placed in the sick room and the power (in the shape of an electric cab) in the street outside, the two being connected by insulated wire. The radiographs exhibited an oblique fracture through the neck of the femur, partly without and partly within the capsule. Buck's extension was applied and *arnica*, two hundredth centesimal potency, given internally. On the eighth day *arnica* gave place to *calcarea phosphorica*.

We were dealing with a neurasthenic patient. She fretted continually; and every day became more anxious, loquacious, fidgety and intolerant of restraint. She ate but little and slept in all about one out of twenty-four hours. Unless the situa-

tion should be relieved, the broken bone would not mend, to say the least. I observed her carefully; and learned that in addition to the symptoms already stated, some of which may be found in the provings of more than one medicine, she had this grandly characteristic modality of *lachesis*, worse after sleep. It was the determining factor. I gave *lachesis*, to the exclusion of all other medicine. Improvement began in a few hours and thenceforward increased. At the end of three months the patient was on crutches; and within five months was walking without any limitation whatever of the function of the limb which had been injured. She was greatly benefited by the *lachesis*, and has enjoyed better health since than she did before the accident.

#### FRACTURES INVOLVING THE ELBOW JOINT.

In the New York Journal of Homœopathy, Vol. I., is a study of a group of cases of fracture involving the elbow joint, which occurred in one hundred and twenty-five cases of fracture. Numerous similar cases have come to hand since. Frequently met in practice, they are liable to lame the patient and damage the doctor's reputation, notwithstanding his skill and efforts to help. This is especially true when both condyles of the humerus are detached and the joint spreads. Disaster has never yet befallen my patients; but it has not been possible to avoid slight deformity and restriction of function in some cases. The following points have become axiomatic to me when undertaking the care of fractures in this region: The diagnosis must be established, beyond reasonable doubt, if possible, by such means as are available; it is prudent to explain the situation to the patient before beginning treatment, that he may, if he likes, at once select another adviser who will promise good results; it is best to set the fore-arm at an angle with the arm; if the elbow is too wide, the limb should first be bandaged, while in the selected position, and then fixed; it is wise to watch the case narrowly; it is mandatory to give the

similar remedy; passive motion should begin as early as practicable; all who are interested should know that time is an important factor in the restoration of function. One clinical experience may serve to illustrate:

A mutual friend introduced the boy's father to me and acted as interpreter. A precise history of the accident could not be obtained. Pain, soreness and swelling of the elbow developed rapidly. Voluntary motion of the joint was lost. The joint was wide. The radius and ulna projected backward, but extension relieved this deformity. Extension following flexion produced crepitus. There was no Roentgen to help us. My diagnosis was fracture of both condyles of the humerus conjoined with a longitudinal fracture of the shaft producing three fragments. I told the father that complete restoration would be impossible; but, probably, that time would somewhat alleviate the situation; and requested him to let me retire at once if he knew of any surgeon who could promise better results. In the presence of witnesses he placed the case in my hands without reservation.

I put the fore-arm, semi-prone, at a right angle with the arm; bandaged the member with care, to secure gentle and even compression and thus aid replacement of the fragments; applied rectangular splints; gave potentized *arnica montana*; and faithfully watched the case. On two occasions the dressings appeared to have been tampered with; but interference was denied. That the boy indulged in rough sport was once proved beyond dispute and admitted. Expostulation and warning partially effected reform. Unceasing vigilance on my part prevented disaster. I would not now condone so much as I did then, but would take advantage of my legal rights. As the swelling subsided the dressings were readjusted. Potentized *calcareo phosphorica* followed *arnica* six days after the accident. Passive motion was instituted on the eighteenth day. When my attendance was no longer needed, the elbow joint was somewhat too large and asymmetrical;

flexion permitted the finger tips to touch the back of the neck; and extension lacked about fifteen degrees of completion. Other movements were good. I considered the result unusually successful. The straight position might have yielded greater beauty, possibly, but less utility almost certainly. *Arnica* had shortened the first stage of repair; *calcareo phosphorica* had hastened union; we had not given time the opportunity to make troublesome deposits and adhesions. I told the father to expect some improvement in the course of time—which actually occurred; but he manifested real or simulated dissatisfaction. He took his son to a surgeon of the dominant school whose good reputation was deservedly wide. The surgeon praised my work without qualification. He did more. He informed me of the facts. He was a gentleman of the old school. The incident was closed.

#### FRACTURE OF THE HEAD OF THE RADIUS.

A middle-aged man fell from a bicycle upon his left palm, the fore-arm being extended. Immediately the elbow was painful and sore. Voluntary motion was incomplete. Passive flexion of the fore-arm was restricted. Other physical tests yielded negative results. The X-ray revealed a fracture of the anterior portion of the articular surface of the radius, with displacement of the fragment upward about one-eighth of an inch. The limb was fixed at a right angle, the hand being semi-prone; and that position relieved the deformity, as was demonstrated later. *Arnica*, in potency, was given internally.

At the end of two weeks passive motion began and *calcareo phos.*, two hundredth, succeeded *arnica*. Union took place without exuberant callus. On the twenty-first day washing, manipulation and exercise were instituted. Exercise helped the stiffness. Accordingly *rhus tox.* was given, with excellent results. The limb now renders perfect service.





A  
FRACTURE HEAD OF RADIUS.





B

FRACTURE HEAD OF RADIUS AFTER RECOVERY.



## FRACTURE OF THE HEAD OF THE RADIUS.

Fracture of the head of the radius could not be diagnosed with accuracy before the advent of the X-ray. The accompanying radiograph shows the results of a skating accident. The reader will observe a chip off the head of the radius, to the ulnar side and a little posterior. The subject was a woman forty-six years of age in good health. She received the force of a fall upon her right hand. Great pain in and below the elbow followed; but presently subsided; and returned with motion only. There was little, if any, deformity. Rotation, only, yielded crepitus to the examining thumb and finger. Trials of different positions demonstrated the fact that the elbow at a right angle, with the fore-arm half way between pronation and supination, best favored reapposition; and consequently the limb was made immobile in that position. First *arnica* and then *calcareæ phosphorica* were the medicines employed. On the twenty-first day soaping, washing, manipulation and passive motion were begun. These were kept up for a week. Then all restraint was removed. Patient could flex a little above the right angle and extend to the forty-fifth degree between right angle and straight. Rotation was somewhat restricted as to supination only. Eleven months have passed since the accident. In response to my note of inquiry, this statement comes to hand: "You recollect that you prescribed *rhûs tox.* to aid in limbering the elbow joint. it worked beautifully. There is absolutely no lack of function at the present time. She arranges her great mass of hair, fastens her collar at the back of the neck and has no reminder of the fracture."

## FRACTURE OF THE OLECRANON PROCESS.

The radiograph demonstrated a fracture of the left olecranon process. It was accompanied with great pain, swelling and soreness. I tried the straight position for it, to insure approximation; but it was intolerable. No fracture thrives in



an uncomfortable position or dressing. I found that a plaster of Paris bandage, applied to the limb from above downward, in such a way as to persuade a downward bearing of the muscles of the arm and fragments of bone, permitted a slight bending at the elbow and was comfortable while it secured the desired approximation. This treatment made necessary the application of a narrow bandage to each individual digit and a roller to the hand and fore-arm, working from below upward, and constant surveillance. A potency of *arnica* was given internally. The plan worked well. Twelve days later *arnica* finished its work and gave place to *calcareo phos*. Manipulation and passive exercises were instituted three weeks after the accident and kept up for about a month. Union was prompt and function perfectly restored.

MULTIPLE FRACTURE OF HEAD OF RADIUS, WITH FRACTURE  
OF OLECRANON PROCESS AND COMMUNICATED  
FRACTURE OF HEAD OF ULNA.

A middle-aged woman fell downstairs. She remembered that she put forth her left hand while falling. She was found lying upon her left arm. I saw it two hours later. She was supporting the fore-arm and hand against her side and in her lap with the assistance of her right hand. The elbow was swollen rather symmetrically, the antero-posterior direction predominating. Voluntary motion was lost. Manipulation could not be borne; but in one brief moment, when attempting extension, I detected crepitus. I set the fore-arm, semi-prone, at a slightly obtuse angle with the arm; gave, internally, potentized *arnica*; and made requisition upon the Roentgen-ray, at the hands of Dr. E. W. Caldwell. He sent two plates, which are represented by the first two following illustrations, with this comment: "The head of the radius seems to be broken into two fragments, one of which is bent down and in front of the joint and still attached by the periosteum; the other is free from the shaft and lies up behind the capitellum. The



A

MULTIPLE FRACTURE OF ELBOW INVOLVING OLECRANON,  
ULNA AND HEAD OF RADIUS.





B

MULTIPLE FRACTURE OF ELBOW INVOLVING OLECRANON,  
ULNA AND HEAD OF RADIUS.







C

MULTIPLE FRACTURE OF ELBOW INVOLVING OLECRANON,  
ULNA AND HEAD OF RADIUS.





A

MULTIPLE FRACTURE OF ELBOW SHOWING DETACHED  
OLECRANON.





B

MULTIPLE FRACTURE OF ELBOW SHOWING DETACHED  
OLECRANON.







C

MULTIPLE FRACTURE OF ELBOW.





A  
MULTIPLE FRACTURE OF ELBOW; COMMINUTED.







B

MULTIPLE FRACTURE OF ELBOW; COMMINUTED.



ulna at the olecranon is comminuted into three fragments, the fracture extending into the joint. The shaft of the ulna has been displaced outward and backward almost behind the radius."

Question: Should the elbow joint be opened and the fragments of bone fastened together, or the best use of the conservative plan be made? Decision in favor of the latter horn of the dilemma.

The dressings were not changed. Believing that *arnica* had fulfilled its mission by shortening the first period of repair, it was discontinued on the sixth day after the accident; and potentized *calcareæ phos.* was given, to hasten union of the fragments. Eleven days later, the seventeenth day after the accident, passive motion was begun. This was repeated three days later; and, no unpleasant effects appearing, was thereafter practiced every second day, accompanied with inunction and washing.

Here is an excerpt from my case-book: "Forty-eighth day after accident. Inunction, washing, passive motion, bandage. I noticed that patient flinches from that degree of motion (except rotation, especially very good pronation) which had been readily tolerated. Slight swelling of fore-arm and wrist. Good motions of wrist and hand. I judge that the traumatism now resembles a sprain. Therefore *calcareæ phos.* discontinued and *rhus tox.*, two hundredth, given." Improvement was observed the next day. Bandage discontinued. Voluntary motions encouraged.

Two months after the accident, Dr. Caldwell again made two plates, which are represented by the last two illustrations below. This is his comment upon them: "I send herewith two more plates of Mrs. ——'s elbow, which I have examined with the stereoscope. The position of the bones has not changed materially from what it was before. There seems to be a fairly good joint between the capitellum and the broken end of the radius. I am undecided as to whether the limita-

tion to flexion and extension is due to the position of the olecranon or not. So far as I can tell from the plates alone, it may be possible that there is still a false point of motion at the fracture of the ulna. If you think this is possible, we would perhaps better make one more plate with the fore-arm at a different degree of flexion."

The plate was not needed. The patient has resumed her playing of the piano. Flexion is carried to a point considerably inside the right angle and is slowly improving.

#### DELAYED UNION OF COLLES' FRACTURE.

A woman eighty-one years of age, lying nearly helpless in bed with senile dementia, having no command of speech or sphincters, managed to get to the floor. She fell, bringing her weight upon her extended left hand. The result was a Colles' fracture. After reduction it was set prone, with the hand drooping. Careful watching did not prevent her from picking at the dressings and disturbing the repose of the parts. Union was delayed. Was union possible at her age and in her condition? *Calcarea phosphorica* improved the mental and bodily infirmities and, it is fair to presume, paved the way for future success with another remedy for non-union; but made no sensible impression upon the injury, almost as a matter of course. She lacked minerals less and soft material more. The dressings were permanently removed and free motion allowed; but there came no sign of union. *Symphytum*, thirtieth centesimal potency in water, given every two hours, became manifest in two days and produced excellent union in two weeks. Symmetry and function were soon regained. Drs. Spencer Carleton and Daniel E. S. Coleman ably assisted me in the conduct of the case and shared with me the benefits of the object lesson.

Allen's Encyclopædia makes no mention of *symphytum*. Lippe makes this brief reference: "Mechanical injuries, bad effects from blows, bruises, thrusts on the eye. Pain from



FRACTURE OF RADIUS.







FRACTURE OF RADIUS SHOWING UNION.



fractured bones." Hering (Guiding Symptoms) states that it was introduced by Jeanes and has been partially proven by Macfarlan. He refers to clinical authorities; cites a cure; and gives these indications relating to fractures: "Facilitates union of fractured bones and lessens peculiar pricking pain; favors production of callus." "Irritability of bone at point of fracture." He makes this suggestion: "Compare: Arnica in blows; Fluor. acid, Calc. phos. and Silica in injuries to bones." Authentic cures with comfrey are occasionally reported. I recollect one reported by the late Dr. P. P. Wells, of Brooklyn. We need a careful proving of the substance.

#### GREEN STICK FRACTURES.

It has been my fortune to see numerous cases of green stick fractures, mostly, but not exclusively, in young subjects. In every instance the need of *calcareo carbonica* was painfully indicated by the fat, lymphatic general appearance of the subject; his tumid abdomen; and sweaty head, neck and extremities. *Calcareo ostrearum* has never failed to help the injured member and to improve the general health at the same time in any case that has come to my hands. I do not recollect to have given any besides the two hundredth potency.

SEPARATION OF THE EPIPHESES is somewhat analogous to green stick fracture. One type of patient, however, does not monopolize our attention. *Calcareo ostr.* shares with his thin, dark-haired brother, *calcareo phosph.* Each has always helped me, when indicated as above.

#### CARIES.

An ulcer of hard tissue is much like one of soft tissue. In looking up the remedy for a case of caries, the chapter on Ulcers may sometimes be profitably consulted. The following medicines deserve attention:

*Angustura.* Very painful caries, which penetrates to the

marrow. The slightest offence irritates. Irresistible craving for coffee.

*Asafætida*. Syphilitic patients who have taken much mercury. Fœtid pus, bluish-red swelling of affected parts.

*Aurum met.* Especially after mercury. Boring pains drive to despair.

*Fluoric acid*. Follows *silica* and antidotes its abuse.

*Guaiacum*. Right tibia and tarsal bones carious and spongi-ous; cannot bear the slightest touch.

*Hepar s. c.* After abuse of mercury and iodide of potash. Sensation as from a splinter [*nitr. ac.*]. Pus smells like old cheese.

*Lycopodium*. Ends of bones; bleed easily; worse at night. Inflammatory swelling of parts.

*Mercurius v.* Worse at night in warm bed, with profuse sweat; chilly out of bed.

*Mezereum*. After abuse of mercury. Shafts of cylindrical bones. Pus under scabs.

*Nitric acid*. Follows *hepar* well. Pricking pain; parts made to bleed easily.

*Phosphoric acid*. Smarting pain. External parts become black.

*Rhus tox.* Crusty caries, with tetter, in rheumatic or gouty subjects.

*Silica*. Fistulous openings; discharge offensive; parts around hard, swollen, bluish-red. Often required and sometimes abused [*fluoric acid*].

*Staphisagria*. Teeth black, crumbling, carious. Caries following syphilitic noses.

A woman, about thirty years of age, had been the prey of mercurio-syphilis for a number of years. Her nose had disappeared. Slowly but surely the adjacent structures were undergoing softening, disintegration and removal. A foul odor was emitted. At night she suffered from boring pain. She was very low-spirited. I gave *aurum metallicum* two hundredth,



allowing each dose to wear out before repeating. In less than a year the patient seemed well. Skilled artisans made and fitted a metallic nose so adroitly that the counterfeit was not detected by many casual observers. Two years later she was yet well. I then lost sight of her; but feel no apprehension.

J. O. S., sixty-five years of age, was admitted to the Homœopathic Hospital, Ward's Island, January 2, 1883, with contusion and synovitis of the right knee, caused by a fall down stairs. He had had syphilis when eighteen years old. The knee grew worse rapidly. A large, thick slough formed over the patella; the joint suppurated and was drained through the popliteal space; and the patella and the articulating surface of the femur became carious. There were passages of undigested food from the bowels and the patient was weak. The last of February the case was shown to me. I prescribed *silica*, in the thirtieth centesimal potency, to be taken morning and night.

My term of attendance ended with February. During the next four months the wards were visited by two of my colleagues, each of them being two months on duty. Both advised amputation, which was refused; continued the *silica*, changing the potency to the third decimal; and employed carbolic acid, one to one hundred, locally. The seton of oakum was continued. Pains in the chest, cough and night sweats came on. Extra diet and one ounce of brandy a day were ordered. The remedy was then changed to *arsenicum*, third.

My visits were resumed in July. The knee was unimproved and the general condition bad. I urged operation. The patient was obdurate. He was willing to die but not to lose his leg. Homœopathy was our only recourse. He had taken *silica* a long time. I therefore gave *fluoric acid*, thirtieth centesimal potency, morning and night and discontinued local medication. General and local improvement soon began and steadily continued. The following January, twelve months after admission, he was discharged cured. He walked out of the house on a stiff but otherwise well knee.

## DISLOCATIONS.

The dislocation having been reduced, the parts need a measure of rest and support during convalescence. The situation is much like that existing after a sprain. Now the homœopathic medicine is of great service in quickly restoring the joint to health and usefulness.

*Arnica montana*. Much swelling; bluish redness; intense soreness. *Rhus tox.* follows well.

*Phosphorus*. Joints easily sprained or dislocated. Over-sensitiveness to external impressions.

*Rhus toxicodendron*. Principal remedy. Tearing pains, worse during rest. Joints, particularly those of the lower jaw, easily dislocated.

*Ruta graveolens*. Pain in bones after reduction of dislocation.

## SYNOVITIS.

In August, 1891, a middle-aged woman came to my office, bearing a letter from Dr. J. T. O'Connor, asking if anything of a surgical character should be done to the knee. The doctor, a careful diagnostician and good prescriber, had diagnosed rheumatism and given *ledum pal.*, followed by *rhus tox.* Notwithstanding these attentions, the joint had attained great size, partly due to synovial effusion, which led to the consultation. In my absence Dr. S. A. Clock received the letter and held the case for me. In fact, the remedy had been chosen when I reached home.

The selection was half made at the first glance at the patient. The weather being stifling hot, she wore heavy clothing and thick flannels and complained of being cold, especially at the neck and shoulders, and, most of all, in the affected knee. It developed that she had offensive foot-sweat and rawness between the toes.

She received a single dose of *silica*, high. Nothing else was done. In a few weeks she was entirely and permanently well.

#### ADDITIONAL INDICATIONS FOR MEDICINES.

*Apium virus, apis mel.* Violent pain in left knee, more outside and to the front. Pains about the knee, swelling, burning and shooting.

*Bryonia alba.* Synovial inflammation of knee joints. Stiffness, stitches when moving; tension; drawing; wrenching.

*Iodum.* Much swelling, with erratic tearing pains.

*Pulsatilla nig.* Painless swelling of knee. Tearing, jerking and drawing pain in knees. Hot, inflammatory swelling of knee.

*Sulphur.* Dropsy of knee joints; subacute and chronic synovitis. The concomitant and characteristic symptoms of this medicine assist me greatly when making the selection.

#### SHOCK. COLLAPSE. TRAUMATIC DELIRIUM.

In no department of medical and surgical practice does the law of similars show cures more quickly and decisively than in this department—and that, too, without the use of stimulants or other adjuvants. Too many physicians forget that every stimulation is followed by reaction with results that are dangerous and sometimes fatal to the patient; but the homœopathic remedy, when given in suitable potency, is devoid of danger. There always is safety in obeying a natural law. Not every patient will be cured of shock thereby; for many are hurt beyond the power of art to save, but the greatest possible amount of good will have been done when the homœopathic medicine has been given. Following is a brief survey of some therapeutical indications which have been verified in practice, with a few cases in point. Wishing to emphasize the importance of *aconite* in relation to mental shock produced by fright, two cases have been put in evidence which demanded that

medicine. The first did not and the second did receive *aconite*. By the way, neither case had lost a drop of blood, a reminder for some surgeons of the present day.

*Aconitum*. Ailments from fright. Remote effects of fright. [*Opium*.] On rising from a recumbent posture, the red face becomes deathly pale, or he becomes dizzy and falls down; he fears to rise again. Often accompanied by nausea, vanishing of sight or unconsciousness. Vertigo after fright, anxious, as if dying; must lie down. Vertigo from a fall, or concussion.

I. A member of a secret society, now extinct, has given to me the history of the initiation of a young man. The candidate was blindfolded and subjected to rude familiarities. He was told that his name must be written in his own blood. The official phlebotomist pretended to open a vein, cleverly using a sharp point of ice for the purpose. A tiny stream of water running into a basin simulated a flow of blood. Someone exclaimed, "They've cut an artery!" The trembling victim turned white, his head dropped, and he fell, gasping, to the floor. His tormentors, now thoroughly alarmed, tried to reassure him, sprinkled his face with water and chafed his extremities. Vain endeavors. He soon expired. An obliging M. D., ignorant of a recent successful examination for life insurance, certified to "heart disease." It was a clear case of shock from fright. Ah! could the comrade lying dead before the group but have had a few pellets of *aconite* put upon his tongue at the first sign of danger, there might have been a life saved.

II. A vivacious and impressionable young girl, acutely fearful of human bones, was suddenly confronted with a skeleton which was made to contort by a roguish person. The girl fled, screaming, and hid in bed, pale, trembling, voluble and incoherent. Moral forces were insufficient to restore her to health. A few pellets of *aconitum* on the tongue were speedily curative.

*Arnica*. "It is very beneficial in the most severe wounds by

bullets and blunt weapons, as also in the pains and other ailments consequent on the extracting of the teeth, and in other surgical operations whereby sensitive parts have been violently stretched, as also after dislocations of the joints, after setting fractures of the bones," etc. (Hahnemann.) Stupefaction, loss of sight and hearing. Concussion of the brain. Hopelessness, indifference. After concussion. Apoplexia sanguinea. Child is breathless, bruised; or the mother has had a long, painful labor. Partial paralysis from concussion of spine or brain. A few pellets on the tongue of the unconscious person have many times started a favorable reaction, which has been further strengthened, if need be, by a watery solution of *arnica* pellets. (See Contused Wounds.)

III. In consequence of necrosis, I removed a portion of the upper jaw of a young lady. At her request I had given in advance the details of the work to be done, not forgetting to tell of the benefits to be derived from anæsthesia. Being a person of strong nerves and great determination, she utterly refused the anæsthetic, and remained as passive as a statue all through the operation, which was performed as expeditiously as possible. The flow of blood was not excessive, and it subsided under the application of *calendula*. There was neither accident nor complication. Shock supervened soon after the patient went to bed, more severe, I believe, than would have been the case had ether or chloroform been used. There was a general sinking of strength, so that she could scarcely move, accompanied with low pulse and temperature, and the dreaded hopelessness and indifference. *Arnica* helped steadily, though it was nearly two weeks before the case ceased to give me anxiety, and convalescence was slow. The last troublesome symptom to develop and to be removed was a partial paralysis of the muscles of deglutition, worse when swallowing liquids, which returned through the nose. *Lachesis* cured the fault and ended the case.

*Camphor*. Shock from injury; cold extremities, trembling



of tongue, hands and feet. Excessive weakness, prostration and exhaustion. Insensible to touch and cold as marble. Effects of sunstroke. Icy coldness all over, with death-like paleness of face; diminished circulation to parts most distant from heart. Cold, clammy, weakening sweat. These significant indications have led homœopathists to give *camphor* with great success, in shock from injury, and especially in collapse from loss of serum as in Asiatic cholera and the like. [*Veratrum.*]

IV. Sporadic cholera (?) in the person of a well known mining engineer of this city reduced his weight thirty pounds in forty-eight hours and caused alarming collapse, with paleness, coldness, sweat and insensibility. *Camphor* in potency at my hands was curative.

*Cantharides*. Most of the deaths occurring soon after receipt of burns or scalds are due immediately to shock. A potency of *cantharides* in water, given in repeated doses, combined with a local application of the same substance reduces the death list amazingly and is unequalled as a curative agent. Hering's challenge to a competitive trial of this medicine stands triumphant. (See Burns and Scalds.)

*Carbo vegetabilis* has more pronounced cold breath, throat, mouth, teeth and extremities and greater desire to be fanned than has *cinchona*, while the latter has greater ringing of the ears than the former has.

*Cinchona* after the loss of blood is the first remedy thought of by the homœopathic physician. It has ringing of the ears and desire to be covered. [*Carbo veg.*]

V. At her second confinement the wife of one of my colleagues was delivered of a healthy child in a fairly natural way. No complication interfered; contraction was satisfactory; mother and child were cared for; an hour and a half later I went home. Fifteen minutes afterwards an urgent summons reached me. Suspicion of the cause of it gave speed to my return. Pallor, drawn features and quiet apathy

told the story at a glance. In a few minutes I removed a large amount of clotted blood from the uterus and stimulated new contraction. Meanwhile, by my direction, the nurse lowered the head and elevated the hips and legs and applied hot blankets. At the same time the doctor put a few pellets of potentized *cinchona* upon the patient's tongue. Circulation and respiration soon responded. Deglutition became possible. Then a solution of the medicine was prepared and a teaspoonful of it given every three minutes. The patient became able to see and count the fingers held before her and to tell of ringing ears. As improvement advanced the doses were placed farther apart. No alcohol or other stimulant was given. Health was soon restored. No reason for the inertia of the womb, which had been the beginning of the trouble, could be found. It would have been good surgery to infuse a saline solution. I might do that in addition to what was done if called to a similar case to-day. But *cinchona* triumphed without the aid of other medicine or of salt solution.

*Coffea cruda.* Affections after sudden emotions, particularly pleasant surprises. Physical excitement through mental exaltation. Fainting from sudden emotions.

*Gelsemium* is opposite to *coffea*. Desires to be quiet, does not wish to speak nor to have anyone near for company, even though the person be silent. Fear of death; has no courage.

Every exciting news causes diarrhœa; bad effects from fright and fear. Vertigo, confusion of head, spreading from occiput over whole head; pupils dilated, dim sight; general depression from heat of sun or summer. When attempting to move the muscles refuse to obey the will; giddy, confused, lack of muscular co-ordination. Photomania. Dimness of sight, with vertigo. Weakness and trembling through the whole system. By obeying these symptoms physicians have made excellent cures of mental shock. I have seen the potentized *gelsemium* do wonders in a case of shock produced by reading a letter containing bad news, and by virtue of its similarity

beheld a measure of courage come to the coward under its influence. It should not be confounded with the primary, palliative action of *opium*.

*Hyoscyamus*. See Case VI.

*Hypericum*. Effects of nervous shock. Shock resulting from injuries to spinal column. See Case VI.

VI. A lady was thrown from her horse and severely injured. She slowly regained consciousness. The local surgical authority dressed the wounds of the head and face, no other lesion being present, and continued to observe the case. A college professor of surgery, called from New York in consultation, after making a careful examination and review of the whole case the next day, found everything satisfactory and went home. After a long journey I reached the scene at midnight, nearly three days after the accident. Everything seemed to be pervaded with a feeling of security. The sub-normal temperature, soft, feeble pulse at fifty-three, supine posture, and unwonted calmness led to further examination and the recognition of delirium. There had been so much method in the madness as to deceive the on-lookers. In accordance with Hahnemann's text of the *Materia Medica Pura*, shown under Contusions and Contused Wounds, I gave, after receiving the readily given assent of the attending surgeon, *arnica*, two hundredth centesimal potency, in water, every two hours when the patient was awake. The wounds healed, the sutures were removed, pulse and temperature improved, but the delirium became more manifest. The medicine had ended its usefulness and given place to *hypericum*, as pictured in connection with injuries of brain, spinal cord and nerves. It gained ground for me. There was more and better sleep and less sensitivity, but the delirium was pronounced, characterized by a determination to reject all clothing and to be up and to move about. Recumbency was secured with difficulty. Food was refused, as it had been from the start. The patient was worse in the evening. The most violent stage of the case was

reached. Our second remedy had done its work and was worn out. The symptoms just related pointed unmistakably to *hyoscyamus*. Its action was soon apparent. All symptoms abated. The patient began to eat peaches, and for a few days they constituted her sole diet. Though slow, convalescence was uninterrupted; but a number of months elapsed before she outgrew the need of an occasional dose of *hyoscyamus*. Many weeks of these experiences are a blank to the mind of the subject of them.

*Nux moschata*. Constant sleepiness; skin cool and sensitive to exposure; oppression of pit of stomach to chest, slow rattling breathing, least exertion causes great weakness and sleepiness; diarrhœa. Shock from injuries.

*Opium*. Ailments from excessive joy [*coffea cr.*], fright [*aconitum*], anger or shame. After fright, fear of fright still remaining. After a fright with fear, convulsions, or a hot head, with twitching about the mouth.

*Veratrum album*. Rapid sinking of forces; complete prostration; cold sweat and cold breath; collapse [*camphor*]. Cold as ice; breath cold; tongue cold; great weakness; distorted face; expression of terror, shock from injury. Great pain and great thirst differentiate *veratrum* from *camphor*.

## WOUNDS AND INJURIES.

The problem is to gain the assistance of homœopathy in surgical cases; not to interfere with it, except as to anæsthesia alone; and to avoid allopathy, enantiopathy (palliation) and polypharmacy.

ANÆSTHESIA. To save shock and excessive pain, we rightly use the anæsthetic; but the alert Hahnemannian gives an antidote to it as soon as the operation is over, and quickly brings his patient once more within the realm of similia. The modern anæsthetist is well equipped. Some cases show danger signals in advance of his interference. He adroitly averts

disaster to those cases, by means of preliminary sub-cutaneous injections of medicine. His attention to physical signs and his resourcefulness while the patient lies upon the table deserve praise. Few accidents conquer him. The mind of the operator may be at ease, so far as that part of his responsibility is concerned. Nevertheless, both operator and anæsthetist, if they claim to be homœopathists, should have ready knowledge of homœopathic therapeutics, that they may successfully meet exceptional trouble. I have saved a few lives which had already been declared lost from ether by means of the bastinado, applied rapidly and forcefully to the bare soles, after the galvano-faradic battery and artificial respiration had failed. I prefer the bastinado to dilatation of the rectum. Public mention has already been made of these cases. After such restoration *arnica*, *camphor* or *nux vomica* were needed, as the symptoms were prominently those of shock, collapse, or involvement of the pneumogastric nerve. *Hyoscyamus* has occasionally been required when stupor and unconsciousness, or constant talkativeness, or violent spasmodic cough have long persisted. A few pellets of the potentized remedy dropped upon the tongue, followed, if necessary, with frequent teaspoonfuls of watery solution of the same medicine as soon as swallowing became feasible, was the means employed. I have seen some narrow escapes from death by chloroform even at careful hands. Inversion, swinging, and cider vinegar applied to the mucous surfaces of mouth and nostrils were quickly antidotal. A few of these cases later demanded *nux vomica* by reason of head and chest symptoms. Twice I have seen patients nearly dead from nitrous oxide gas. Their chocolate-colored faces and utter prostration suggested *carbo veg.* to good purpose. This medicine, by the way, is efficient against the suffocation of coal gas poisoning, which is a feature nearly as prominent as the toxic effects. Almost every case in practice may derive benefit from the similar medicine when recovering from the effects of ether and its co-working



drugs. The similar medicine is often *nux vomica*, as is indicated by benumbed sensorium, nausea, vomiting, or asphyxia, singly or collectively. A few cases demand *ipëcacuanha* by reason of prolonged nausea and relaxation. In any event, the homœopathic remedy hastens the return of the *status quo ante bellum*, and the field is then clear for the Hahnemannian prescription indicated by all the symptoms. But to antidote anæsthetic agents is seldom the first therapeutical step for the homœopathist doing surgical work.

#### PREPARATION OF PART AND SYSTEM.

If the case to be operated upon admits of deliberate approach, the homœopathic surgeon should prepare it for operation with the medicine which is similar to all the symptoms of that sick individual. For instance, *staphisagria* is similar to lacerations. Every case of lacerated cervix that has required and received staphylorrhaphy at my hands has shown, at some time before operation, a totality of symptoms corresponding with *staphisagria*, I believe without exception. That medicine, given in potency, has never disappointed me in those cases. It has improved each case locally and systemically and put it in good condition for the operation, thus largely insuring success.

AT THE OPERATION, sometimes, a need of medicine is suddenly and unexpectedly made manifest. The operator who is true to the law of cure then perceives the need and supplies it. To illustrate, when the time to give the anæsthetic arrives fright, panic, hysteria may upset all calculations and need to be corrected with moral forces, with *aconitum*, *gelsemium* or *ignatia*. In the midst of a cutting operation the surgeon may discover to his dismay that his patient is a "bleeder." Ordinary expedients may palliate the difficulty, only. Then it will be worth while to know that potentized *kreosotum*, *phosphorus*, or other medicine given by the mouth will stop the hæmorrhage. The operator must individualize his case.

Again, there may be no panic, accident or other impediment; all may be going smoothly, regularly, and according to programme; it is a cutting operation, again, we will suppose; *ipso facto*, *calendula* should be applied to the raw surfaces before they are approximated. I would almost as soon leave my instruments at home when going out to cut as my *succus calendulæ*, prepared at a reliable homœopathic pharmacy. It has a clear field in my practice. No *antiseptis* is allowed to interfere with the practice. The excellent idea of securing an operative field that should be free of untoward influences was long clouded with the notion that filth must be killed with chemical means, not excluded. Already the best men have brushed the cloud from their mental visions. They see clearly that the union of cut surfaces does not depend upon the poisoning of wound and system with drugs. That once well-nigh universal fetich has never received my worship. There is none more insistent upon *asepsis*—cleanliness—than I. Normal salt solution is the best substance to use with the sponge. Provided that the parts and system are in a healthy condition, nothing more is needed to insure healing after approximation and dressing have been completed. Here is the opportunity for homœopathy. Irrigation with *calendula* and water shortens the operation materially by checking hæmorrhage; yet more, by virtue of its homœopathicity to clean cuts, it prepares the raw surfaces for quick healing and saves time.

AFTER THE OPERATION. There is commonly ample opportunity for the exercise of therapeutic skill, which often decides the issue between success and failure of the operation, by which is meant success in improving the condition of the patient, without which no operation should be considered fully successful. Then is the time for the Hahnemannian to exemplify his belief by his works and to demonstrate the vast superiority of the similar over every other kind of practice. For example, all conditions agreeing, it is desirable to give by the mouth potentized *calendula* in water as soon as a cutting oper-

ation is over and the patient free from the effects of the anæsthetic. The medicine thus employed hastens the healing process greatly. These features will receive more detailed attention as we go along.

#### INCISED WOUNDS.

*Aconitum napellus*. Anxiety; fear of death; ophthalmia, very painful, with blear-eyedness, or from foreign bodies having come into the eyes (dust, sparks). Burning, unquenchable thirst for cold water. Fainting, especially when rising, with paleness of cheeks, which were red when lying. Chilliness, from being uncovered and from being touched. Chilliness with thirst. Shuddering runs up from the feet to the chest. Chill, with internal heat, anxiety and red cheeks. Heat, with agonized tossing about. Bad effects from dry, cold air, suppressed perspiration, from fright, with fear and anger.

The pioneers of Homœopathy were careful observers. They stuck to their text. They cured cases which their brethren in the profession could not cure. That made trouble, as it always does. They reasoned that the sudden congestion of the eye following the advent of a cinder and sometimes preventing its removal was similar to the action of *aconitum*. The clinical test made possible the removal of the imbedded foreign body, which sometimes disappeared before morning when the potentized *aconitum* had been given by the mouth over night. Every homœopathic physician has utilized this knowledge. Every homœopathic oculist gives *aconitum* after cutting operations upon the eye.

Who first gave *aconitum* in the case of a "urethral chill" is unknown to me. If preceded by faintness, paleness, thirst and a desire to lie down, and characterized by shuddering running up from the feet to the chest, the prescription is right and will help, as I have repeatedly demonstrated.

*Calendula officinalis* is the similar to clean cuts. "Wounds

with or without loss of substance, sharp cutting pains. Redness, rawness, sometimes stinging during febrile heat." These unmistakable indications of the materia medica have been abundantly verified in practice. Formerly I applied the clear or diluted tincture to the wound. Comparison of a quantity of it obtained from a reputable chemist with an equal quantity from a reputable homœopathic pharmacy will lead one to forever after select the latter product. It may be used clear or diluted, much or little, with water, according to circumstances. Where there is a good deal of hæmorrhage a douche of clear tincture acts like magic and urges the parts to rapid union. I often apply one part of tincture to twenty-five of water during operations. It is strong enough for the average degree of bleeding and efficient in promoting union. Since the introduction of *succus calendulæ* I have given it a decided preference over the tincture. When a dry, external dressing is required, *ceratum calendulæ* is excellent. Given internally, a potency, dry if need be, but preferably in water, serves admirably. The following few representative citations from different sections of an ample experience are offered:

I. A physician stepped into his box wagon, in urgent haste. His driver had the horse in motion before the doctor was fairly inside the wagon. As the last leg came in the shin received a bad scraping from the sharp edge of the board. Despite clothing, there was an extensive cut which went to the bone. Two hours later, when it was practicable to do so, the periosteum and skin were carefully laid back in place and dressed with *ceratum calendulæ*. There was much sharp, cutting, stinging pain at first which, with the soreness, rapidly subsided. In a few days the shin was well. When one thinks of the numerous operations that have been performed upon the tibia, followed by tedious convalescences, all in consequence of accidents no more severe than the one under consideration and none of them being aided by the law of cure, he finds the contrast much in favor of homœopathic treatment. A multitude

of cured cases add testimony to the same effect. It should be said that when the wound was received the subject was under the influence of medicine given by the mouth for a chronic ailment. It would not have answered to interfere with that medicine. Otherwise, the administration of potentized *calendula*, internally, in addition to the local medication doubtless would have brought more speedy results than were obtained by the local application alone. As it was, the local similar medicine cured the local traumatic sickness and offered no interference with the constitutional action. There was no polypharmacy. The case would have been far different had the trouble with the leg been of idiopathic instead of traumatic origin. Then the local application of *calendula* would have been wrong. (Organon, Sect. 189-193.)

II. Some of the former internes at the Homœopathic Hospital, Ward's Island, may remember the middle-aged, half-starved, insufficiently-clad, colored woman who came in with mortification of both feet and legs. She was put to bed and fed generously. I recollect that she received, upon homœopathic indications, *cinchona*, thirtieth, in water, every two hours; but cannot recollect the symptoms which governed the choice of medicine, excepting death and moisture of the parts. Under the influences of good food and the similar medicine lines of demarcation formed and the patient's condition became fit for operation. She bore well double amputation a few inches below the knees. *Calendula* was applied, one part to twenty-five of water, and the dressings were simple. No bichloride of mercury, carbolic acid, iodoform or other antiseptic was allowed. Internally she took *calendula* in potency as soon as the effects of ether had disappeared. In four days the stumps were perfectly healed. All we had to do was to remove the stitches and send the patient to the Alms House. The preparatory steps had been strictly along homœopathic lines; at the operation we had made a local application similar to clean cuts; the subsequent medication by the mouth had been similar to what we have indicated for clean cuts.



III. A middle-aged gentleman was walking half bent under staging. He miscalculated upon one of the scantlings and brought his head against the end of the timber with force enough to stagger him. He bathed and rubbed the injured part and tried to ignore the unpleasant sensations which he felt in his head. As the months passed, he became listless and abstracted. Eminent physicians tried to relieve the burning, rushing, hissing, singing, throbbing and aching in the vertex, interspersed with sharp stitches which began at the centre of mischief and thence ran down the side of the head or else ran to the middle of the brain and there joined a thrust which came at right angles, from the side of the head. He became shy, introspective, fussy, morbid and unable to pursue a business career. His index finger kept picking at the injured spot and made it bald. A slight depression of the skull could be detected. I prescribed for the symptoms, and at the same time advised to have a section of bone removed, believing that the inner table was making pressure against the dura. He consulted the highest authorities of Europe and America, who recognized the traumatism, but pointed out the hazardous nature of the operation in the place indicated, it being in the angle formed by the longitudinal and lateral sinuses; also brought to mind the truth that the pains might not end with operation. All considered, that they thought it best to and did dissuade him. Years elapsed. He was an invalid, sometimes better and then worse. One day he was announced at my door. "I have come for the operation," were the first words he uttered.

He went to the Hahnemann Hospital. Very little preparation of the patient was needed—only to remove the hair and cleanse the scalp. I believed that the side burr which goes with the surgical engine would help me in doing fine work where the ordinary bone instruments might be inadequate or inappropriate, and provided accordingly. April twenty-second, 1901, I stitched back a liberal flap, was very careful to preserve the periosteum intact, trephined just outside the

involved area, confirmed my diagnosis with a dural depressor passed beneath the skull until it met the obstruction, and cut away with the rongeur forceps as far as was practicable. The side burr then came beautifully in play and enabled me to trim out as much bone as was necessary, clear up to the sinuses. The part that had been depressed was found to be necrosed. Hence the operation was none too soon. All cleansing was done with normal salt solution. The dura appeared fairly well, although inclined to bleed. The bony margin of the wound was healthy. Every raw surface was daintily mopped with a dilution of *succus calendulæ* and everything made dry. I spent considerable time in fitting and placing a plate; and then, overcome with repugnance to it and full of faith in the periosteum aided by *calendula*, rejected the plate. The periosteum was carefully stitched in place, and then the scalp. The dressing was of plain gauze, protective and a night cap. *Nuxvomica* soon removed the effects of ether. Then the original case came right to the front once more. He complained of being bruised and sore. I gave him *arnica*, two hundredth, in water, for twenty days, steadily lengthening the intervals between doses as improvement advanced and stopping altogether when the bad sensations ceased. On the twenty-fourth day his timidity was overcome and he began to drive about the city. The wound had been hastened along to healing by the local application of its similar, *calendula*. That part of my work was strictly local and surgical. The constitutional ailment had been met by its similar, *arnica*, given by the mouth. I had not been guilty of polypharmacy.

He spent the summer in Scotland, and returned in October, the picture of health. The space in the skull had become filled with dense bone, not so thick as the original two tables, but apparently quite as strong.

The pains in his head have since returned. Does that mean habit? Are the pains related to the threatened malignancy which has recently appeared and seems to want to fasten upon his neck and jaw? Later; he is entirely well.

IV. The dentist had worked rapidly on my teeth, and incidentally cut the gums quite a number of times. He stopped, saying, "There! Doctor, I can't do any more today, because the gum is so swollen. Let me put on some iodine, and you call tomorrow."

"Hold on, doctor," I replied. "We want to finish the task today. Let me show you a new trick."

"I wish you would."

We sent to the nearest homœopathic pharmacy for tincture of *calendula*, to which we added an equal quantity of very hot water, which I proceeded to swish about in my mouth. In ten minutes the gum was so reduced in size that the dentist very readily finished his work. Hot water would have reduced the swelling, but in about thrice the length of time required by *calendula* and hot water. That has been proven by repeated tests. Brine beats plain water, and *calendula* beats brine, by virtue of its homœopathicity to clean cuts.

V. Every surgeon occasionally sees profuse hæmorrhage from circumcision, even though the subject could not properly be called a "bleeder." Such has been my experience a number of times and lately it was brought to mind by a boy six months old who presented a long, tight foreskin. It was retrenched, the inner skin (often called mucous membrane) divided and detached from the glans its whole length and the corners trimmed. Sponging made no impression upon the flow of blood, and four customary stitches and two unusual ligatures did not avail much. A small stream of clear *succus calendulæ* was directed against the member for a minute. The hæmorrhage ceased. Union was primary.

VI. At a meeting of the Academy of Pathological Science, October twenty-fourth, 1902, I exhibited a mammoth ovarian cyst (by request, the case having already been reported) which, with its contents, weighed one hundred and fifty and one-half pounds. It was noted that at the operation all divided tissues were carefully mopped with a tincture of *calen-*

*dula*, that there was no drainage and that healing was rapid and complete. Some months later the subject was ushered into my office. I did not at first recognize the smiling, trim figure standing before me.

VII. A few years ago I removed a huge epulis from the mouth of a middle-aged lady, a patient of the late Dr. Clarence Willard Butler. So much tissue was involved that it was necessary to excise a large portion of the left superior maxillary bone. The customary incision was made in the face, extending from near the outer canthus of the eye to the corner of the mouth; and the cheek was turned back. There was great hæmorrhage; but by working expeditiously and getting clear tincture of *calendula* into action at the earliest moment practicable the hæmorrhage was quickly subdued. A most useful instrument was a "pince incisive fort," of Parisian make, recently acquired. It marvellously shortened the usual time required at operation, and thus avoided much shock and depletion. The principal point is, that in consequence of the application of *calendula* union was found complete on the fourth day. There has been no return of the trouble.

VIII. Lacerated cervix and ruptured perinæum belong primarily in another class. Our present interest is in the multitude of women whose rents have not united and have cicatrized, leaving subinvolution and kindred maladies as results. Too often they become the victims of local "treatment"—speculating, probing, plugging, smearing, douching and cauterizing—until a deep, hard, firm, extensive callous forms, varied with cystic degeneration, and the mucous membrane becomes a substance of equivocal nature. Such practice deserves the severest condemnation. The unilateral, bilateral, or stellate laceration of cervix with subinvolution may be fairly represented by one citation; the above, plus ruptured perinæum, cystocele and rectocele by another; and complete procidentia in consequence of two wounds by one more. The first:

A middle-aged lady, multipara; lesion received at last con-

finement, two years before. She had a variety of bad feelings, general and local. The lochia had mystified her by repeatedly freshening and abating without stopping, but at length merging into a slight constant discharge. Examination revealed a large, patulous os; heavy, congested, eroded cervix; bilateral, stellate lacerations; and a cavity leaving blood upon the sound, which passed into the womb three inches and a half. The diagnosis was plain—lacerated cervix, subinvolution, endometritis. *Staphisagria* had been given and it had ameliorated the situation. She was insistent, impatient, sensitive, quick-tempered, dyspeptic, constipated. These symptoms, added to those related above, made a good picture of *nux vomica*, a potency of which was given to her. She improved under it and was ready for operation after the next period.

The rule that a patient must enter a hospital the day before the operation is a good one. It affords opportunity for careful examination of organs as a safeguard against the dangers attending anæsthesia, etc. It is also the season for preparation. I have learned the wisdom of giving written orders what to do, which may not be exceeded. To empty a full rectum with enemata, if need be, does not satisfy every surgeon and interne. The miserable notion that the intestine must be purged dies hard. The fact that purgation is followed by reaction *and that the purging medicine produces other changes* is not comprehended. The Hahnemannian must exercise eternal vigilance or the erroneous notion will act against his case in the hospital when least expected. Also he must look sharply around the room and make sure that no camphor, phenol, listerine or other medicated tooth wash is waiting to be used and to antidote his carefully prescribed medicine. In the case under notice all these precautions were observed.

While anæsthesia was being produced in an adjoining room everything was seen to be right in the operating room—for dawdling at an operation is as obnoxious to me as is headlong



haste. The various-sized, strong, straight, round-pointed needles were found to be large-and-clean-eyed and armed with catgut; a strong, slightly curved needle armed with hard twisted silk and engaged in the needle holder; normal salt solution and *succus calendulæ* at hand (no one who knows me would think of offering bichloride of mercury or allied substance). There was no curette on the tray. A guest noticed the absence and inquired, "Don't you need a curette for the endometritis?"

"Many times I have demonstrated its superfluity. The traumatism being repaired and the similar medicine given, a cure follows."

"How about curetting for dysmenorrhœa?"

"All sorts of dysmenorrhœa, including the membranous variety, yield to the similar medicine."

"But, surely, you curette the puerperal woman suffering from retained, decomposing material."

"You mean a very dull curette, or rather spoon, of course. Even then I have repeatedly done much better work with *nuxvomica*, *pulsatilla*, *sabina*, *sepiæ*, and other medicines, according to the symptoms of the individual case. Loss of fecundity, palliation instead of cure (as attended by many cases), spread of the infection, occasional perforation of the womb, disease, death—these make a formidable indictment against the curette."

Dorsal decubitus; feet and legs supported out of the way; uterus drawn down; exact location of canal determined by sound; silk-armed needle passed through the centre of both lips, and upper and lower long loops formed of the silk for traction and guidance; uterus swung to one side; using delicate tenaculum and long, slender blade, incision made parallel with and near canal, extending to edge of lower lip and back well into angle formed by the two lips; uterus swung to the other side and similar incision made; upper lip served the same as lower, the incisions meeting those made from below and

thus forming two rejected fragments only; wound sponged; approximation of cut surfaces tested and wound approved; by syringe, *succus calendulæ* applied to pulsating artery; wound sutured; ether stopped; sound used to demonstrate good canal; guides removed; uterus carefully replaced while legs were lowered; vagina douched with dilute *succus calendulæ* and mopped. These in brief were the steps of the operation. Time, twenty minutes from the start. I had had my favorite assistant. (I have done a bilateral operation, from start to finish, in eleven minutes at the Hahnemann Hospital in the presence of the House Staff, Dr. Spencer Carleton being my first assistant. I have done two similar, consecutive operations in forty minutes from the start.) The patient took *nux vomica*, to counteract ether, and then took *calendula*. The urine was drawn by catheter for three days. When cleanliness demanded, a douche of weak *calendula* and water was given. In six days the wound was healed. In three weeks she had the freedom of the house. In six months she was well in every particular. The second:

Middle-aged multipara, disabled sixteen years; cervix extensively lacerated bilaterally; perinæal body completely ruptured, in consequence of which at least two inches of the rectum lay partly in the vagina; personal cleanliness a matter of constant care; cystocele. She had taken *staphisagria* by way of preparation for operation.

The cervix was repaired in the manner already described and pushed up and kept out of the way with cotton. Then the cicatricial tissue below was removed by the knife, leaving fresh every part that had been torn. Next, *succus calendulæ* and water, equal parts, were applied, that strength being adopted to insure an absence of oozing, as it was desirable to have a surface free to view. All being mopped dry, fine suturing of the septum kept the rectum out of the way and then the perinæum was sewed. Success or failure of the whole scheme depends largely upon the first stitch in the perinæum. To

enter a straight needle at right angles with the skin just above the lowest level of raw surface and three-eighths of an inch outside the triangle, to continue in that direction until warned by the left index finger in the rectum that it is time to turn, to turn and traverse the distance to the other side without invading either rectum or vagina, and then to guide the needle so that it shall emerge at right angles to the transverse and opposite to the point of entrance, is a test of skill. I am not satisfied with any but a straight needle. A straight needle was used in this case. Four strands in all were passed, the cotton removed, and then the sutures completed. Approximation was manifest. There were no pouting places below or between the stitches. *Ceratum calendulæ* protected the perinæum from oozing from above. The knees were tied together. *Nux vomica* antidoted the ether and then she took *calendula*. The catheter was used until union was assured. The bowels were allowed to move when they made demand, the parts being supported. At such times an injection of oxgall and water, just before the movement, amounts to a policy of insurance. In fourteen days the patient was allowed some liberty, which was then rapidly increased. Convalescence was rapid and uninterrupted. All functions are restored. She now has the care of a household. The third:

Mrs. ———, aged (sixty ?) received operation at the Metropolitan Hospital, May twenty-sixth, 1899. She had taken *staphisagria* some weeks before. Extensive rents of cervix, posterior wall of the vagina and perinæum, occurred many years before, and had gradually resulted in complete procidentia of the most exaggerated type, the protrusion having the size of a large fist. The parts had lost sensitivity and were altogether unnatural. An additional development from the same cause was an external hæmorrhoidal tumor, in size and shape resembling the flower of a large, double-leafed marigold. In spite of every disadvantage, she had contrived to keep about her room in a feeble and halting way.

The cervix was easily repaired, it being exposed to view. The womb was then replaced. The next step was to denude the perinæal tissues and to continue the process thence up the posterior wall of the vagina to the uterus, thus creating a raw area, broad at the base and steadily narrowed to the apex, and which extended the whole length of perinæum and vagina. Some of this work was tedious, as the tissues to be freshened were, much of the way, so attenuated that a false stroke would have wounded the rectum. By working from below upwards the annoyance attending the oozing of blood was avoided. *Calendula* and water, half and half, put the field in good condition. Many fine, interrupted sutures were then placed, beginning at the top and working downward. The plan was to fold together the denuded vaginal portion and let it heal in that position and thus secure a firm pillar or support for the uterus, and at the same time reduce the caliber of the vagina to its normal proportions, which would increase the support. But it was difficult to sew the edges together across the raw area; therefore a carrier was brought into requisition—that is to say, a short, slightly-curved needle, threaded with fine silk, doubled to make a loop, caught up an edge and then was taken over to the other edge, which it caught up also. The catgut being then inserted into the loop of thread was readily drawn into position. That task ended, the perinæum was then stitched as described in the second case. The House Staff were astounded, one might say scandalized, because no operation was performed upon the hæmorrhoidal tumor. They could not conceal their displeasure. I improved the opportunity to remind them that the lesion was in consequence of the traumatism and to try to inspire them with a belief like mine that, the traumatism conquered, homœopathy would complete the cure, even though the malady had become chronic. *Nux vomica* antidoted the ether. Behold then a complete *nux vomica* case: occipital headache and clouded sensorium in the morning, early morning insomnia followed by late morning sleep,

burning pylorus, gastralgia after breakfast, inefficient urging to stool. My prescription for her was *nux vomica* two hundredth (out of my pocket case), in water four times a day until better. In three weeks, when she went home, the wounds were healed. Six months later she was perfectly well, in every particular. I informed the House Staff of the cure of the hæmorrhoidal tumor.

The gynæcologist doubtless has recognized in the histories of these three cases some variations from Emmett's operations, the best precedents of the kind ever studied by me. The welding together of homœopathic prescriptions and proper operations was also mine. Neither the best prescribing nor the most skillful operating, singly, could have accomplished what was accomplished.

#### LACERATED WOUNDS.

*Staphisagria* is the similar to lacerations, as emphatically as *calendula* is like clean cuts. Attention has been called to this fact in the Section of Incised Wounds. Parturition is the source of a vast number of cases belonging to this class. During my active obstetrical practice I was accustomed to sew the ruptured perinæum as soon as labor was over, and the lacerated cervix after the infant had been weaned; but in both instances I considered my work incomplete until potentized *staphisagria* had been given by the mouth. As a result, the perinæal body would generally emerge from the fray in good condition and many of the crevices within physiological bounds; even the imperfect recoveries had been greatly benefited by the medication and prepared for operation. Patients coming to me from outside sources for repair of either lesion take *staphisagria* before operation. It prepares the part and system and secures greater probability of final success. Lithotomy and other operations sometimes require tearing of the prostate gland. Mill accidents, especially those produced by belt and pulley, furnish marked examples of lacerated wounds. They often share with contused wounds; and before the surgeon has finished his co-



aptation of the parts, they are often incised wounds to a limited degree. They frequently require applications of *calendula*, and the internal use of potentized *arnica* for shock and contusions, before *staphisagria* is taken for lacerations.

A young man had his right hand badly cut and torn by machinery. The palm was divided flatwise its entire width and length, the lesion extending beneath the thumb to and through the wrist. Besides numerous minor injuries, the fingers were mangled in different ways also. After a very conservative trimming of the ragged parts and a liberal drenching with the tincture of *calendula*, approximation was achieved. The dressings were simple. Internally he received *staphisagria*. He recovered with a useful member, the ring and little fingers being crippled much as in Dupuytren's contraction.

#### CONTUSIONS AND CONTUSED WOUNDS.

Says Hahnemann, in his *Materia Medica Pura*: "In some severe and extensive contusion-injuries the cure is very much promoted when, in addition to a small dose of *arnica* taken internally (when necessary a dose every three days), the parts are also for the first twenty-four hours externally moistened with wine or equal parts of brandy and water, with one pound of either of which five to ten drops of the hundred-fold potentized dilution of *arnica* are mixed and succussed about ten times." The truth of this statement has been demonstrated times without number. I have learned that water at a temperature of one hundred to one hundred and five degrees, Fahrenheit, is even better than wine or brandy as a diluent. Let the *arnica* be added; stir; wring a piece of flannel from the lotion; apply smoothly to the parts, in two or more layers of flannel; then bandage. Bear in mind that the foregoing relates to contusions only. If the skin be broken, whether the lesion extends to the other tissues or not, we have a contused wound and *arnica* internally only is permissible; for, applied locally, it is apt to produce erysipelas. If the opening be small and carefully protected, that difficulty will be obviated.

## PUNCTURED WOUNDS.

Stabs with swords, dirks, stilettos and the like produce punctured wounds. Being clean cuts, *calendula* is their remedy. Study *hypericum* if nerves are injured. The stings of insects result in punctured and poisoned wounds. *Ledum* in potency, given internally, is commonly their similar medicine. I have had no experience with the bites of serpents.

*Plantago major* has a wide field of usefulness. Persons who are exceedingly susceptible to the poison of the honey-bee have obtained relief by applying the bruised leaves of the plantain to the sting. Barefooted boys are apt to receive ugly punctures in the soles of their feet by stepping upon nails. The results are sometimes serious. The bruised leaves of the plantain bound upon the injured parts have effected cures. We are indebted to the common people for knowledge of these facts. Physicians were led to investigate, and found that by giving potentized *plantago major* at the same time that the leaves were applied they were able to shorten the time required for healing. I have found that the internal medicine is all-sufficient to cure in short order. It is well to remember this fact, for the green leaves are not always to be had. The following citations are offered to show the value of plantain in severe cases:

I. A middle-aged gentleman, while bathing at the seashore, ran a tough splinter of wood vertically into the centre of the plantar surface of his heel. He said that the splinter went in nearly an inch. Apparently it penetrated to the bone. A surgeon extracted it with difficulty, being obliged to make an incision. The wound united reasonably soon and the patient walked without experiencing any unpleasant sensation. Later the heel became lame and sore when stepping. A surgeon advised free incision and healing by second intention. This advice was distasteful to the patient, for his business interests were sure to languish while he was off his feet. Limping in-

creased. Another surgeon urged the necessity of making incision. Further delay ensued. Something had to be done. Asked if an operation could be avoided, I dared not promise; but made clear the fact that the similar medicine before and after would favorably prepare the case for operation, shorten the time for lying-by and increase the probability of a good result. The case was placed in my hands. The affected part was hard, sensitive, swollen and livid. It felt to the patient "like a stone-bruise." Reckoning back to the original traumatism, I gave *plantago major*, thirtieth centesimal potency, every three hours. Improvement was noticed after the first dose. In three days the heel was well. It never has given trouble since.

II. In a lecture upon Dupuytren's Contraction, delivered at the New York Homœopathic Medical College Hospital, in the Practitioners' Course, May twentieth, 1905, I gave the particulars of a case unmistakably cured by the similar medicine. The following quotations from the lecture supply our present needs:

"Continuing the discussion of etiology, the disputed claims of idiopathy and traumatism should both be allowed. I have seen a number of cases in elderly people of gouty constitution who were unconscious of any local injury; other subjects were young and healthy and there was no doubt of the traumatic origin of their troubles.

\*       \*       \*       \*       \*       \*       \*

"All observers are agreed that spontaneous recovery is unknown and that the malady is persistent.

"In my cases the deformity, with few exceptions, has been of a single type, that is to say, the little finger greatly contracted, the ring finger not quite so badly contracted and the middle finger a little less still. A few days ago I saw the ring finger alone contracted. It was incapable of complete extension, though perfectly movable up to the point of semi-flexion. Three little nodules along the course of its tendon were ap-

parent. Like all the rest of the cases, it was steadily getting worse.

"When we come to treatment, the words 'disappointment' and 'failure' are writ all over the literature of the subject. Surgeons may occasionally claim success, but it is apt to be quite temporary. \* \* \* Constraint and manipulation, whether combined with subcutaneous division of aponeurosis or not, have yielded but a grudging and tantalizing respite. My convictions, fortified by knowledge of bad results at the hands of others, have kept me from doing tenotomy, or from making free, crucial incisions and dissecting out the aponeurosis. The last state of most patients subjected to such treatment is worse than the first, for the member becomes weak and nearly useless. If I can incise, hereafter, it probably will be in the V shape.

"My mind was in a dissatisfied frame, when a healthy, middle-aged lady called at my office and exhibited a classical Dupuytren's Contraction. She gave a history of a needle run into the right palm and broken there, leaving half an inch of the needle in the hand. Five days later the fragment was located by the X-ray between the metacarpal bones of the little and ring fingers, about one inch above the phalangeal articulations. The following day, which was the sixth day after the accident, a surgeon cut down upon and removed the foreign body. This was done under ether. The bichloride of mercury was used, freely. The wound was stitched in one-half its length and the remainder packed in gauze. Every new dressing included a careful syringing with bichloride. The wound healed by second intention in seven weeks. The hand remained sensitive and began to suffer from sharp, shooting pains where the needle had entered. Pricking as from needles alternated with numbness. The arm was easily tired. The little finger contracted first and most, then the ring finger in less degree, and the middle finger less still. Constraint, massage and hot air treatment brought no help. The deformity steadily increased and nearly amounted to a clenched fist.

"I resolved to make a radical departure from standard methods and to rely upon medicine alone. What was before me? A traumatism. It had been originally a punctured wound; then, in addition, partly and incidentally an incised wound; treated with antiseptics, which is abominable in my sight. I insist upon asepsis—cleanliness—but exclude antiseptics. Its employment in an open wound is unsurgical. In this particular case, however, it served a useful purpose. Pass the question of how much damage was done to part and system by the application of antiseptics and remember this: all the bugs were killed; consequently our friends, the bacteriologists, are stopped from crediting their darlings with the subsequent trouble. Just what effect in addition the local drugging had produced must be left to conjecture. As the scar had not contracted and was not vicious in any sense that could be detected, the contraction of the aponeurosis was not chargeable to the scar. Why not treat the case as a punctured wound? Agreed. Should the incision, contraction, sensitiveness and pains all be taken into account? By all means, yes; but not regarded as of such prime importance as the original puncture; that should be considered the characteristic indication.

\* \* \* "The provings of *plantago major* are recorded in Allen's Encyclopædia of Pure Materia Medica. The pains are of a 'sticking, boring' or 'pricking, stinging' character. In Hering's Guiding Symptoms one reads of 'tearing' pains and verifications of similarity to punctured wounds. By comparing *calendula* (incised wounds, sharp pains), *causticum* (contractions, etc.), the *kalis* (sharp pains, etc.), *hypericum* (wounds of nerves), *ledum* (punctured and poisoned wounds), *ruta graveolens* (ganglia, contraction, bursitis), and *staphisagria* (lacerations, gouty fingers), with *plantago*, one is led to choose the latter for this case. *Plantago major*, thirtieth centesimal, in water, every three hours, wrought a complete cure in less than two months. Function has since remained good."



## POISONED WOUND.

The bites of men are ugly and sometimes dangerous. They make incised, contused and lacerated wounds, which are poisoned with saliva and other substances from besotted and depraved sources. In their management, I have secured good results by cleansing thoroughly with peroxide of hydrogen, following with normal salt solution to antidote the saliva and leave the parts in as natural a state as possible, and then employing *calendula*, as described in remarks upon Incised Wounds. The same plan holds good for the bites of dogs and other species of the lower animals. No case of rabies has ever developed among my patients. I have never seen a case of rabies; but am ready to meet the first one that comes to view. Have we not *belladonna*, *cantharides* and other medicines to call upon when indicated by symptoms similar to those which they have produced upon the healthy? And has not Bœnninghausen pointed the way?

Wounds conspicuously poisoned with antiseptics! are seen less frequently now than they were a few years ago; and yet it is not very long since some drugged wounds were brought to me for help. The hand and fingers, mutilated by machinery, had been cleverly put in place. The zeal of the surgeon to prevent sepsis in hot weather had led to the continuous use of a liquid dressing which was called dilute carbolic acid and which smelled of carbolic acid. The parts were bleached and flabby and manifested no intention to unite. The patient and attending physician were discouraged after a number of weeks of fruitless effort and desired advice as to making further attempts to save the member. In my judgment the wounds were poisoned with carbolic acid. The lotion was discontinued and the parts thoroughly drenched with normal salt solution followed by *calendula* and water, half and half. At the same time potentized *calendula* was given internally. In about a week reaction set in and union followed. If a similar case

comes my way again I mean to save a week of time by first applying dilute acetic acid to antidote the carbolic acid. (See Antidote to Carbolic Acid Poisoning.)

*Iodoform* came in with a rush, held imperious sway for a time, was said to be all good and not a bit bad—like every other fashionable antiseptic, before and since—and now is regarded with languid interest or positive aversion. It has been found out. It offends the olfactory nerve, inflames the skin, produces a sort of eczema and retards the union of wounds; absorbed by the raw surfaces, it poisons the system; it brings on a condition of mind and sensorium resembling that seen in septicæmia. It has been a common experience with me to remove *iodoform* dressings and replace them with *calendula*. Even the skeptical have been obliged to acknowledge the benefit of the change.

The ink in the foregoing paragraph was hardly dry when a patient submitted his index finger to inspection. It had received a simple, diagonal cut with a clean blade between the middle and distal joints which bled profusely at the time. The subject was in health. *Calendula* dressing would have ended the matter in four days or less; but the attending physician had set his mind upon killing germs. He applied *iodoform*. The result was a tardily formed, broad, sensitive scar; swollen, dark-colored borders; and a lame, stiff extremity. Potentized *calendula*, given by the mouth, made all well.

*Hydrargyri chloridum corrosivum* ( $\text{HgCl}_2$ ). Everyone at all familiar with drugs knows what a virulent poison corrosive sublimate is. It is employed in the dressing of wounds for the sole purpose of destroying microscopic life or making microscopic life impossible. The strength of the bichloride is calculated and intended by its users to be enough to kill bugs and not to disable the patient. In this the Old School practitioners are consistent, for the doses of contrary medicine which they give their patients by the mouth are gauged up to the degree of human endurance. Wounds treated by them generally

unite in time, but a longer time than if the bichloride were replaced with normal salt solution and far longer than with *calendula*. The exceptional case proves to be dilatory or exhibits mercurial symptoms or does both. At one of the largest and best hospitals in the city it is (or was) customary to use one part of the bichloride of mercury to five thousand parts of water for preparatory scrubbing and antiseptic dressing. The practice is, I believe, generally considered moderate and conservative. Two ladies of my acquaintance earned their diplomas as nurses at that hospital. They were healthy and their skins not obnoxious to moisture in general; but frequent contact with the solution mentioned produced soreness of the skin of their hands. They came to my office occasionally for help. *Hepar sulphuris calcareum* in potency, given by the mouth, always antidoted the poison and restored the hands to their normal condition for the time. A housekeeper made a determined onslaught upon vermin with a strong solution of corrosive sublimate mixed with spirits of turpentine. She was made so ill by the fumes of the mixture that tough casts of every mucous surface were thrown off. Her sickness was long and severe. By the way, *hepar* was not the antidote and curative remedy; that honor was bestowed upon *kali bichromicum*. If the specified strength of the antiseptic works such harm upon the mucous membrane consider what its opportunities to make mischief in an open wound are. My experience sustains the reasoning. When wounds come to me from Old School hands, generally my first duty is to remove the antiseptic dressing and apply *calendula* instead. The change for the better is always noticeable. In place of an irritant poison is a bland application, which also promotes union by virtue of its homœopathicity.

The catalogue of antiseptics that have been successively praised, used and abandoned is a long one. New candidates are continually thrust upon one's attention. How long is the farce to be played? Until men appreciate the value of asepsis

and the clumsy harmfulness of antiseptics and turn their attention to curing sick individuals under the law of cure.

Hospital gangrene is of the past. True, one sees mortification in a wound; but then it is from obstructed circulation, as, for instance, when operating upon a strangulated hernia. At such times the surgeon must use good judgment to determine whether the gut may be returned to the cavity of the abdomen or not.

In threatened mortification one's thoughts turn to *carbo veg.* and *cinchona*. They have served me well. Both are indicated after hæmorrhage. They follow each other well, perhaps best in the order given above. *Carbo veg.* has collapse and coldness with a desire to be fanned. *Cinchona* has ringing ears, dread of a draught of air and numbness of parts upon which one lies. *Secale cornutum* has occasionally been demanded by scrawny, old people who were cold but would be uncovered.

Dissection wounds have mostly shown the peculiar heat, thirst, restlessness, debility and modalities of *arsenicum* and have yielded to that remedy. Red streaks, marking the course of the lymphatics, have commonly led to the choice of *bufo*. After the wound has been syringed with peroxide of hydrogen and then with normal salt solution, *calendula* has been the dressing. At a *post-mortem* examination I once received a scratch upon a finger from the fractured end of a rib of a septic cadaver. After *arsenicum* had overcome the violent symptoms there remained an indolent ulcer, which was painless, not very sensitive and scantily bathed in pus. *Silica* completed the cure.

Vaccination is responsible for much sickness. The acute symptoms are frequently similar to those of dissection wounds, just related. In my experience, *silica* and *bufo* have been as often required as has *arsenicum*. Occasionally *hepar* and other remedies have been indicated. It is not uncommon to see large, deep, angry ulcers, which persist for weeks, with more or less constitutional disturbance. Such extreme cases as have

reached the courts of justice of this country and occurred in our army in the Philippines are beyond my personal experience. As for the chronic results, alas! they are many and varied. In treating them one needs to make a careful study of *thuja* and compare other medicines with it, for the individual case. The late Dr. Constantine Lippe asserted that unvaccinated persons never yielded to diphtheria. Observation since has led me to suspect that he may have been right. At all events the coincidence is remarkable.

Malignant pustule is commonly classed among poisoned wounds. If any reader is disposed to omit the "malignant" from the title, on restricted or technical grounds, he is at liberty to do so. Those who have had experience with the disease may be pardoned for harboring the adjective on general principles. Two cases have come to me, both located upon the lip, and apparently not consecutive to wounds. The subjects were in a low, debilitated state, restless, their features swollen and distorted almost beyond recognition, and each had a red triangle at the tip of a coated tongue. They were given *rhus toxicodendron* in potency, which wrought speedy and perfect cures. The pustules were not interfered with, locally, and they discharged spontaneously and copiously. They were kept covered with unmedicated gauze.

#### WOUNDS AND INJURIES OF NERVES.

*Coffea cruda*. Former internes of the Homœopathic Hospital, Ward's Island, and students from the colleges may remember the ligature of the femoral artery in its middle third for the cure of a large popliteal aneurism, which was done at the hospital January twenty-ninth, 1891. The case was reported at the following June meeting of the International Hahnemannian Association. These excerpts from the report are pertinent to our subject, as the trouble prescribed for was a traumatism of the minute nerves which supplied the artery:

"Our antiseptic friends would probably not approve of the



course that was followed, as we relied upon simple cleanliness, as usual, all through the operation, it being in a large, full hospital. The artery was found in the sheath with the vein and *in front of the vein instead of behind it*. This anomaly is unique, so far as I can learn. Well waxed, braided silk, No. 5 size, was tied tightly around the artery, and one end left hanging outside the wound, the other cut short. Were the operation to be repeated by me today, both ends would be cut short. The wound was carefully rinsed with dilute *calendula*, dried, the sides approximated with ordinary, interrupted sutures, and covered with dry, unmedicated cotton. The hospital record of what followed reads thus: 'Patient rallied, but in the evening, about seven o'clock, he suffered excruciating pain. The doctor gave him seven-eighths of a grain of morphine and other drugs, but the pain kept increasing. At eleven P. M. he could stand the pain no longer; and upon consultation of staff an amputation was deemed necessary. So Doctors Breck and Miller went to the city for Dr. Carleton's consent to operate. But Dr. Carleton, after getting the patient's symptoms from the doctors, decided to prescribe instead of amputate, and said if pain did not cease he would amputate in the morning. He sent *coffea crud.*, two hundredth, a few pellets to be put upon the tongue every fifteen minutes until pain should abate and patient slept soundly." [After the second dose he went to sleep and never received the third dose.] "When he awoke the pain was nearly gone and he was feeling well in all respects. Dr. Carleton was notified in the morning of good recovery and he did not deem it necessary to come over. The temperature at eleven P. M., when the doctors went to the city, was 104; at four A. M., January thirtieth, it was 102; at eight A. M., 101.3. \* \* \* Temperature ranged from 99.4 down to normal and stayed there. Wound healed by granulation. Very little pain at times. Recovery was all that could be looked for.

"The hospital narrative may be amplified a little. The seven-eighths of a grain of morphine had been followed by a huge

dose of bromide, and that by a large dose of chloral, and that by three ounces of whiskey. None of these made any apparent impression on the case. The patient screamed and tossed and wanted to throw himself out of the window. The symptoms that led me to select *coffea cruda* were 'pains seemed insupportable, driving to despair;' 'great nervous agitation and restlessness.' These tally exactly with Hering's *Materia Medica*. Besides, patient complained of 'arterial tension, twisting and wrenching, where the ligature had been applied, and running thence up to the heart and brain,' which corresponds pretty fairly with Hering's Symptoms: 'strong, quick palpitation of the heart with extreme nervousness, sleeplessness and cerebral erethism.' \* \* \*

"The stitches came away with a little pus. The ligature came away March eleventh, the fortieth day after its application."

*Hypericum* has a large field of usefulness: Consequences of fright; effects of shock. Burning in vertex, pulsation and heat. Consequences of spinal concussion. Great nervous depression following wounds. Convulsions from blows upon head or concussion, dull headache in vertex, or severe, throbbing pain in vertex. Tetanus after traumatic injuries. Injuries to nerves attended by great pain. Next to nervous tissues the joints are affected; all articulations feel bruised. Punctured, incised, contused or lacerated wounds, when pains are extremely severe, and particularly if they are of long duration; pains like those of a severe toothache; pains spread to neighboring parts and extend up limb. Punctured wounds feel sore; from treading on nails, needles, pins, splinters, rat-bites, etc. Wounds from crushing, as mashed fingers, especially the tips.

A healthy, strong young girl received a violent wrench of the right shoulder. Multiple, traumatic neuritis of the nerves of the arm followed in consequence and reduced the patient sadly. After months of suffering, which the best efforts of

well-known physicians failed to control, she sought aid from homœopathy. The case was viewed in the light of the preceding paragraph. *Hypericum*, two hundredth, in water, every two hours, brought speedy relief. In a few weeks she was quite well.

#### REFRACTORY WOUNDS.

Wounds which refuse to unite are regarded as indolent ulcers. It is amazing that hitherto the real cause of failure in these cases has not been recognized by the average surgeon. A young girl having some trouble with her foot was admitted to a hospital in this city. The foot and leg were put in plaster of Paris, which was expected to be curative, by a well-known orthopædic specialist. In a few hours the resulting pain led to earnest and continued complaint, which, however, went unheeded by the surgeon and his assistants. Some days later the dressing was removed and the foot was found to be mortified, the result of improper dressing. Amputation was performed just above the ankle joint, in living tissues. The wound refused great local persuasion to heal. The stump was then shortened two inches, unusually long flaps being made, to insure union. Once more failure. Again reamputation. Again failure. Then the proposition to amputate a few inches below the knee was made and declined. The patient left the hospital. She was influenced to seek the aid of homœopathy. It was plain that we were not merely to deal with a traumatism requiring local assistance, but that the whole system was at fault and needed a similar remedy. One must be able to recognize the difference between the two states if he professes to work under the law of cure. What Hahnemannian could fail to recognize, in the case in question, the superficial, sluggish, pale, slightly-exuding sore and the pale, weak, flabby person of the patient? A single dose of *silica*, in high potency, given by the mouth, ended the matter in three weeks. The dressings were of lint only. There has been no trouble since. With

the aid of a false leg the girl walks, even dances and runs up and down stairs so naturally as to escape detection of any unnatural motion.

#### COMPRESSION VERSUS PACKING OF WOUNDS.

This topic is associated with the science of therapeutics in its relation to wounds, and may properly receive attention here. Having observed, in hospital practice especially, the tedious union of wounds when distended with packing, the conviction was forced upon me that custom has been at fault, hindering rather than helping nature; and that the true course of procedure lay in the opposite direction. When the situation of the wound presents obstacles to a change of plan, of course packing is incumbent and the criticism does not apply. For instance, in removing a large fatty tumor from the neck and shoulder, it was found to dip deeply into the thorax. The cup-shaped cavity made by removing the tumor was, perforce, furnished with syphon drainage and packed. It granulated from the bottom, the granulating process being hastened by the application of *calendula*. But in many cases similar limitations do not exist and packing may yield to compression with profit. Take scalp wounds, for instance. In a large general hospital a considerable amount of ward space is occupied by the subjects of them. After being off attendance the allotted period of four months the visiting surgeon comes on duty again. Can he suppress a feeling of impatience at first sight of numerous scalp wounds, which the interne informs him have been inmates of the house, many of them weeks rather than days? The ward book, the oral statement of the house surgeon and the surgeon's own observation agree as to the history and condition of the cases. Each wound has been cleansed and then, to prevent burrowing and to facilitate drainage, packed. The end sought is praiseworthy, of course, but there is a better way of reaching it.

The subject of a scalp wound receiving gratuitous treatment

in a hospital is commonly ill and weak. Alcohol and its companions have undermined his constitution and been the direct means of getting him into trouble. It is agreed that local repair in his case must be slower than in the case of a healthy person; that the tendency to burrow, which always exists under the scalp, is aggravated in his case; and that his wound was in a neglected and unclean condition upon admission to the house. That some compromised wound, dragging along its tardy convalescence, has been made ready to be discharged, cured, in a comparatively short time after having been unpacked and its borders and circumjacent parts gently but firmly and evenly compressed—with a constantly decreasing area of exemption—leaving a tent only at the most dependent angle of the wound, than by following the customary course. Compression better opposes burrowing and favors granulation. Other scalp wounds received, in addition to compression, the benefit of the law of similars; that is, after the cleansing and before the compression, a dilution of *calendula*, one part to twenty-five of water, was injected into the wounds, flushing them thoroughly. They healed more rapidly than those not so treated. The quickest and best results of all were seen in those cases which also received by the mouth *arsenicum*, *baptisia*, *capsicum*, *nux vomica*, *silica* or whatever similar medicine was indicated by all the symptoms, local and general, of a sick individual. As a matter of course, antisepsis was abolished whenever encountered. Conspicuous examples of like character are furnished by cellulitis and erysipelas, which offer but slight barriers to extension. A man with cellulitis of the thigh had a long incision, carefully packed, which did not prevent the burrowing of pus and extension of the disease. The incision and packing were enlarged in vain. Then the packing was removed and the wound syringed with dilute *calendula*. Gentle compression of the healthy parts was made by a bandage, which included also the borders of the affected area. Enough patency of the angles of the wound was maintained to



allow drainage. He was a *belladonna* patient, having the photophobia, paroxysmal pains, time modalities, etc., of that remedy. *Belladonna*, given internally, and the local management just mentioned soon ended the case.

The following history of a case at the Homœopathic Hospital, Ward's Island, furnishes clear and indisputable evidence of the value of compression and the appropriate medicine. The notes were kindly made for me by Dr. Van Lennep: "John Tracey, æt. 52, Irish, laborer. *Diagnosis*: Contused scalp wound on vertex. *Complication*: Traumatic erysipelas of face and scalp. His past life is that of a laborer of the lowest class; work through the day that constantly exposes him to the weather, poor food to sustain him, worse lodging to rest his weary limbs and, as a comfort, worst of liquor. He seems to have enjoyed fine health, however, the ailments he can recall having been mainly acute and transient. Six days ago, when going up to his room in an intoxicated condition, he fell backward down stairs and received a severe scalp wound on the vertex. It was immediately dressed at the Chambers Street Dispensary, and the treatment was daily renewed until yesterday when he was advised to go to a hospital. Night before last was taken with shivering and heat rapidly alternating, followed by fever, restlessness, intense headache, and swelling of the scalp and face with redness and tensive pain.

January eighteenth. *Present condition*. Forehead and upper portion of face much swollen and dusky red; the same condition is found about the scalp where he has a widely gaping wound, about an inch and a half long, gnawing transversely across the vertex and discharging an abundant, thin, offensive pus. Digestion is disturbed, as shown by the coated tongue, anorexia and constipation, while the urinary secretion is scanty and high colored; he is very thirsty, quite restless, this being most marked at night, when he tosses constantly, moans and wakes frequently; he suffers from a throbbing headache and a disagreeable feeling of tension about the head and face. R̄ *belladonna*, third, in water.

January nineteenth. Patient feels easier, but the inflammation has, if anything, increased somewhat in intensity and extent. Medicine unchanged. Locally, *carbolic* solution, one to one hundred.

January twenty-first. Swelling has gone down to a marked degree, redness is paling, patient sleeps well and is beginning to eat, wound discharging freely. Medicine unchanged. Locally, *calendula* solution, one to fifty.

January twenty-fourth. Temperature is up, but patient feels no worse and the inflammatory action is on the decline; but the wound is discharging very copiously and the pus is burrowing by gravity under the tissues of the scalp. Medicine unchanged. Locally, flaxseed poultice four hours.

January twenty-fifth. Pus is thicker, but there seems to be no tendency to point at any one place. Medicine unchanged. Locally, *carbolic acid* solution, one to fifty.

January twenty-sixth. Cured of erysipelas. Transferred to Ward C. *Diagnosis.* Burrowing abscess of scalp. *Present condition.* On the upper and posterior portion of the head, nearly over the lambdoidal suture, is an oblong opening, about one-half an inch in width and two inches in length, exposing the bone. The probe passes anteriorly nearly to the forehead where an injection can be felt at the junction of the hairy scalp. Posteriorly the scalp can be injected out as far as the occipital protuberance. Laterally the undermining is equally extensive, so that the scalp is loose from the head for nearly its entire surface. In one or two places denuded bone can be felt. The discharges are exceedingly offensive and quite profuse. No pain whatever and the general health unimpaired. Dr. Carleton saw the case. By his direction the medicine was changed to *silica*, thirtieth. Locally, injections with *calendula* and water, one to twenty-five. Drainage tubes removed; tents placed at angles of the wound; pressure applied, beginning from the lowest points.

February fourth. Pus diminishing in quantity; is all pressed

out every day; pressure kept up, so that there is no pocketing. Medicine unchanged.

February fifteenth. Very little discharge. Scalp has united at lower portions. Pressure kept up. Medicine continued.

February twenty-fifth. No discharge. Union nearly complete. Simple dressings. Medicine discontinued." A few days later patient was discharged, cured.

Dr. Greene has been kind enough to hand to me the notes of the following case, also treated at the Homœopathic Hospital, Ward's Island, and presenting conclusive evidence in point:

"Charles Stevens, æt. 31, single, Irish, bottler. Admitted January seventh, 1881. *Diagnosis.* Traumatic erysipelas of right hip. *Complication.* Burrowing abscess of right thigh. Past history good, as far as can be learned. Ten days ago fell on the sidewalk, striking the tuberosity of the ischion and glutei muscles. Next day swelling set in, which extended down the thigh posteriorly to the knee, with pain, tenderness and heat in buttock and thigh. *Present condition.* Skin hot and dry; temperature, 104.5; skin, 102.5; pulse, 124, quick, tense and hard; respiration, 20; general health fair.

January twenty-eighth. Transferred from Ward I. *Present condition.* On under surface of right thigh just above the popliteal space is an opening about the size of a fist, from which a sinus extends upward to the natis, where there is another opening as large as the lower one. The borders of both openings are black and ragged. The sinus is from three to five inches in width and extends deeply into the muscular tissue. There is a profuse and exceedingly offensive discharge. The surface of the thigh presents a flattened appearance and the roundness of the buttock is lost. Patient's strength almost gone, face sallow, eyes sunken, no appetite, great thirst, not much pain, temperature 102. *R* china tincture in water. Locally, syringing with *carbolic acid* solution, one to forty.

February fourth. Tissues red underneath the skin and the destruction of tissue stopped. Dr. Carleton examined the case and prescribed *silica*, thirtieth. Locally, *calendula* and water, one to twenty-five. Packing removed. In its place compressure with adhesive strips.

February fifteenth. Great improvement in all respects. The skin over the sinus is gone in about half its extent, leaving a large granulating surface. Treatment unchanged.

February twenty-eighth. Discharge is very slight and comes from one small pocket at lower border of buttock; compress put on here to keep the pus pressed out. Medicine given at long intervals." Soon after patient was discharged, cured.

The line of practice described in the preceding paragraphs has been justified by ample experience and represents a principle to be adhered to wherever it is practicable to use compression.

#### SPRAINS.

Hahnemann says: "Of late years multiplied experience has taught me that *rhhus* is the most efficacious and the specific remedy for the frequently fatal effects of overlifting, inordinate exertions of the muscles and contusions."

Every homœopathic physician of considerable experience has verified the efficacy of *rhhus toxicodendron* in hundreds of cases of sprains and over-exertions. Furthermore, a careful reading of the symptoms of *rhhus tox.* in the *Materia Medica Pura* (Edition of 1881), numbers 619 to 755, inclusive, will naturally lead the observing and reflecting physician to conclude that the sprained member need not be kept at rest. Clinical tests have confirmed the reasoning. We now know that a sprained joint will recover sooner if given a moderate degree of motion than if required to remain absolutely quiet for a long time. Hahnemann and his devoted wife, Frau Hahnemann, and their associate provers could hardly imagine what a vast amount of good was to result from their voluntary and benevolent sufferings in the proving of the poison ivy.

## BOIL, FURUNCLE.

Whether they be numerous, during convalescence from severe illness or as the result of unhygienic summer life at the seashore, or few, from unknown cause, the management of boils should be the same. No experienced physician opens a boil before it points, or squeezes it at any time. The best results are obtained by omitting both poultice and knife, and by giving the similar medicine. This is not always *hepar*. Other medicines are sometimes required.

## INDICATIONS FOR MEDICINES.

*Arnica*. Many small boils, one after another; very painful and sore.

*Belladonna*. Pustules on nape of neck, arms and back.

*Hepar sul. calc.* hastens maturity and alleviates the suffering; eradicates the disposition. Burning, pricking, itching, soreness.

*Lycopodium*. Blood boils. Boils which do not mature, but remain blue.

*Mercurius v.* After pus has formed. Worse at night in warm bed.

*Nitric acid*. Blood boils; pricking pain.

*Nux vom.* Several small boils unite.

*Silica*. Tendency to boils; come in crops; leave indurations.

*Sulphur*. Furuncles on the nates.

## ABSCESS.

It is not enough to diagnose the abscess and empty the cavity. Prevention, amelioration, abbreviation of the time required to mature the abscess and cure (see *Appendicitis*, case of abscess cured; also *Erysipelas*, case of Charles S.) all engage our attention. The homœopathist accomplishes much, with medicine, where his old school neighbor is helpless.



## INDICATIONS FOR MEDICINES.

*Arnica* prevents suppuration caused by contusions. The potentized medicine in water, taken internally, acts well. The tincture in hot water, one part to one hundred, makes an appropriate application to external injuries, provided the skin is intact.

*Belladonna* saves the throat or liver, when the attack is sudden and violent, with throbbing, swelling, flushing and photophobia.

*Bryonia* often prevents threatened abscess and hastens resolution, when the tumor is pale, hard and heavy, and has stitching pain and tension.

*Hepar sulph. calc.* sometimes prevents threatened abscess, if given early; but its greatest merit is its power to hasten to maturity an abscess which throbs and pricks. Read Guiding Symptoms, Vol. VI., pp. 37-8.

*Lachesis*. Abscess of liver, at climax. Acute pain, extending toward stomach; pressure about waist intolerable.

*Mercurius vivus*. Acute or chronic ("cold") abscess. Too profuse suppuration. Pains worse at night in warm bed.

*Silica*. Acute or chronic abscess. Abscesses speedily point, but secretion of pus is too scanty. Cellular inflammation; boils, abscesses, etc.; stage of suppuration; tardy recovery; subsequent induration.

A boy, eleven years of age, had a large cold abscess of the upper part of the left thigh, the product of many months of gathering. Careful examination exculpated the hip joint and back. I dared not evacuate the cavity, immediately; but first improved the patient's general condition. He was thin and pale; chilly as to neck and shoulders; and had sweaty, ill-smelling feet, with abrasions of the skin between the toes. He therefore received *silica*, two hundredth centesimal potency, once a day until reaction set in. This and careful feeding so built him up that I ventured to open the abscess at its lowest point. Over a quart of tubercular pus, resembling curds and

foul-smelling whey, escaped. A small drain was made and gentle compression applied. As had been feared, fever and general disturbance followed, but yielded to *silica*. There was not much oozing. The opening healed. The boy was cured. One remedy, only, had been used.

## CARBUNCLE.

When the case is the product of far-advanced diabetes the physician should not be blamed if he fails to cure. Occasionally, only, a very severe case, not caused by diabetes, overmasters the homœopathist; but he usually triumphs, because he sticks to the law of cure and does not use the knife. Operative interference with a large carbuncle is unwise. Some patients crave local heat; which (dry) is then advisable.

### INDICATIONS FOR MEDICINES.

*Anthracinum* has not been proven upon the healthy. My only reason for admitting it to this column is to give audience to Dr. C. G. Raue, whose character and ability are universally respected. He says: "When the pain is violent and not relieved by Arsen.; cerebral symptoms; absorption of pus by the blood; gangrenous destruction. A carbuncle on the back of a man, some sixty years of age, had attained the size of nine inches in length, and five inches in its greatest width. There was sloughing, abundant discharge of ichorous, terribly-smelling pus, and poisoning of the blood by absorption of pus. Arsen. had no beneficial effect; Anthrac. relieved at once. Ever since then I have given Anthrac. in several cases, where there were symptoms of the same destructive character, with the same beneficial result."

*Apis* (*apium virus*). Burning, stinging pain.

*Arsenicum*. Burning pain, ameliorated by external heat; debility; restlessness; frequent desire for a little water. Aggravation after midnight.

*Belladonna.* Skin hot to examining hand; bright red. Sensitive to light and noise.

*Carbo veg.* Sepsis; sunken features; typhoid symptoms.

*Lachesis.* Carbuncles with purple surroundings and many small boils around them.

*Nitric acid.* Pricking pain. Putrid decomposition.

*Rhus tox.* Bluish, gangrenous carbuncle, itching and burning.

*Silica.* Weakly persons; fine skin; pale face; lax muscles.

### ULCERS.

It is my belief that an ulcer, unless of traumatic origin, is the expression of a sick organism; and that the ulcer gets well when the individual is restored to health. Local medication is pernicious; its apparent successes are deluding suppressions, which are sure to be followed by relapses or metastases to more important parts. Experience in private and hospital practice confirms this belief. At the Homœopathic Hospital, Ward's Island, now the Metropolitan Hospital, Blackwell's Island, it has been my privilege to demonstrate, upon a large scale, the truth of the foregoing proposition. A number of wards were filled with ulcer cases, many of them old "round-ers," having large, chronic ulcers of the leg, which had been discharged "improved" (by local treatment, only) from one city hospital after another in turn. Of course these ulcers broke down again as soon as their bearers began to use their legs; and reached us in full bloom. Ulcers of differing character, located in various parts of the body, were observed in the house, in lesser numbers than the ulcers of the legs.

It takes time to cure the individual; some cases seem to be incurable (owing to the limitations of the prescriber); and one must consider the statistics of his hospital. On the other hand, it is always safe to do right; and one patient discharged "cured" counts for more than two "improved." We did our

best to cure. Our practice did not cause the statistics of the hospital to suffer. On the contrary, there is reason to believe that our statistics were regarded with envy by some persons. Again, watchfulness, determination and persistence were required to overcome inertia, periodical interruptions, ancient custom and practical skepticism. Frequent inspection of each ulcer disclosed the degree of benefit which had been gained by the use of internal medicine. The ward book told the story of faithful work. That was scanned at every inspection of the ulcer.

My first care, when entering an ulcer ward, was to impress upon the interne, if he was a new man, the importance of securing all the symptoms of each case; of giving the similar medicine; of repeating it only when improvement had ceased; and of never changing the remedy in the face of improvement, even though the symptoms had changed.

The late Dr. Selden H. Talcott was the first chief of our house staff and a great executive officer. He inaugurated a system which helped me greatly. Under his supervision the house surgeon caused the dressing-room to be filled with patients and their ulcers to be exposed to view. When these patients had been prescribed for and their ulcers dressed with dry lint, occasionally simple cerate, they retired to the ward and gave place to others.

The dressings were changed when they became foul. Then the ulcer was cleansed, gently, with normal salt solution. The part rested in an easy position. When cicatrization was general (not partial) we debated—especially if the ulcer was of varicose origin—the wisdom of grafting or compressing. My own attitude towards such practices was generally conservative.

In very hot and very cold weather the ulcer wards were frequently disinfected. Chlorine gas is the best agent to employ for disinfection. Formula for ten beds: 12 Na.Cl., 10 H.<sub>2</sub>-So.<sub>4</sub>, 6 Mn.o.<sub>2</sub>.

It was my custom to observe the location, size, shape and depth of the ulcer; the color, quantity, odor and other qualities of the discharge; the edges, whether everted, undermined, necrotic, and so on; the appearance of the borders; and the degree of sensitivity and morbid sensations of all parts involved. A minute sufficed for the inspection; but a longer time was required to make a record of the observations; and this was sometimes imperfectly done it is to be feared. Then the concomitant symptoms were gathered; also the particular and general history; and the appearance and condition of the person of the patient. Modalities were sought for with diligence. To get the sensations was hard work. After using all one's skill upon a dullard, in the manner taught by Hahnemann, and finally eliciting the fact of burning pain, it was interesting to hear the next patient, who had listened to the preceding dialogue, promptly declare that he suffered "burning pain!"

Strange as it may seem to the inexperienced, it is nevertheless true that if the work has been well done up to this point the task of finding the similar medicine is more than half finished. Commit to memory the characteristic symptoms of the polychrests; regard closely the modalities; when necessary search the repertory; consult the text of pure materia medica; try upon a few cases the method which has just been outlined; and then tell me if I am right.

Many of the therapeutic hints given in the following list of medicines need additional symptoms to make them available in practice. These it is physically impossible to supply here, of course. The prescriber is supposed to follow up the clues that are furnished. Take *fluoric acid*, for instance. Attention to the clinical hint, furnished by Lippe, "Ulcerations, especially after the abuse of *Silicea*," enabled me to cure a stubborn case. An apparently healthy young man (Trans. I. H. A., 1888) had his foot crushed in a railway accident. In consequence he had seventeen operations performed, including five amputations of



the leg. The last operation was amputation at the knee-joint. It was performed with great devotion to antiseptics—bichloride of mercury and iodoform. The stump refused to heal. I found it swollen, soft and sore. The edges of the flaps were bluish-red and covered with thin, unhealthy pus. The pulse was rapid, quick, wiry and small. Hectic fever was imminent. Emaciation, anorexia and a sullen disposition contributed to the sad picture. Local medication was stopped and normal salt solution substituted. *Silica* was given. Destruction went on for twelve days. Then I concluded that my predecessor had given *silica* and that my prescription had been superfluous; took the hint given by Lippe; and gave *fluoric acid*, two hundredth centesimal potency, four times a day. In a few weeks the patient was well in every respect. He walks easily with an artificial leg.

A few words of caution as to *lachesis*. The clinical fact that more ulcers appear upon the lower third of the outer surface of the left leg than upon any other portion of the lower extremity, combined with the fact that *lachesis* is partial to the left side of the person, has led to abuse of the medicine. Other medicines affect the left side. Standing alone, the indication is suggestive but inconclusive. If, in addition, such characteristic symptoms as worse when waking from sleep, intolerance of pressure about neck and waist, and the peculiar sore throat exist, then *lachesis* should be chosen.

An example of the ability of homœopathy to cure is furnished by the following case: Miss ——— (address, R. I. State Soc'y, 1885) was an apparently healthy girl. When thirteen years old her left ankle became lame and swollen. Her physician, finding the case intractable, referred her to a noted old school orthopædic specialist in New York, who constrained the limb in a plaster of Paris cast. The patient complained of pain. This was unheeded. At the end of three weeks the foot was found to be dead. Amputation, under antiseptis, was performed just above the ankle joint. The

stump refused to heal; the flaps retracted; the bones protruded and began to die; all notwithstanding the use of local medicine. The leg was reamputated at its upper third. Generous flaps were formed. Granulation and cicatrization progressed for awhile; stopped; relapsed. Amputation at the knee-joint was proposed and rejected. A series of attempts, by other surgeons, to heal the stump failed. I observed an ulcer about three inches long and half an inch wide, of feeble, anæmic appearance, with hard, rough, dry, scabbed edges. There was little sensation and that mostly itching. These symptoms and the history of the case led me to put a dose of *silica*, in the two hundredth centesimal potency, on the patient's tongue. Local medication was excluded. Improvement was observed in a week. It lasted a number of weeks and stopped. A dose of *silica*, six thousandth centesimal potency (Jenichen), finished the work in a few weeks more and left a good stump. She walks well with an artificial leg.

The medicine similar to a given case may not be mentioned in our list. That fact constitutes no bar to its use when the constitutional indications for the medicine are unmistakable. For instance (address, R. I. State Soc'y, 1885), an ignorant, dull old man, a regular "rounder" of the hospitals of the city, was brought to the clinic in the Ward's Island Hospital with an indolent ulcer which occupied most of the space between the knee and ankle. It was deep and raw-looking, but painless. Endeavoring to elicit symptoms I passed my finger firmly over the sore and its edges. The fellow was impassive as a statue and declared that I had not hurt him. What a subjective picture of *opium*! Yet *opium* has not produced ulcers and has no clinical reputation for their cure. Objectively it bore no relationship to this case. However one characteristic, subjective indication is worth more than many objective indications. I put a few pellets of *opium*, two hundredth, from my pocket case, upon the patient's tongue. Two weeks later, at another clinic, we saw the ulcer. A healthy reaction had been

established in it and the entire edge surface was granulating. Convalescence was uninterrupted and the cure was complete.

Again, in the spring of 1905, a thin, sallow young woman sought my aid, saying that an eminent specialist had fed her with test meals; later had examined the contents of the stomach (and this procedure seemed to aggravate her trouble); had diagnosed ulcer of the stomach; and had given medicine, which she was sure increased her sufferings. After finding circumscribed soreness in the pit of the stomach, gastralgia which extended to the back, vomiting in the morning before breakfast, and a red tongue, I agreed to the diagnosis which my predecessor had made. Her diet was ordered to consist principally of milk, mutton broth and specially made stews of mutton and pigeon (see Cancer of the Stomach). Her symptoms called, homœopathically, for *nux vomica*; but the provings of that substance upon healthy people indicate ulcer of the stomach by inference only and the medicine has but little if any clinical reputation in that direction, I believe. My prescription was *nux vomica*, two hundredth centesimal potency, every two waking hours for two weeks. At the end of two weeks she called again. Her case was greatly improved in all respects. The medicine was continued two weeks longer, the intervals between doses being lengthened progressively. That was the last I saw of her. I do not know how the case ended; but believe that she was cured.

#### INDICATIONS FOR MEDICINES.

*Alumen.* Ulcers: spreading, in mouth; noma; of rectum; indolent; with redundant granulations. Hæmorrhages from all orifices. [*Nitric acid.*]

*Amanita*, or *agaricus muscarius*. Ulcers: carious; corroding; excavated; indolent; fistulous; phagedenic. Pricking and burning pains. Great debility and trembling. Skin red, burning and itching.

*Anagallis arvensis*. Ulcers on gouty joints.

*Anantherum muricatum.* Ulcers yellowish, violet, swollen, everted, syphilitic. Hunger at night. [*Sulph.*]

*Angustura.* Very painful ulcers, with deeply penetrating caries. Tetanic spasms. Aggravation three P. M.

*Antimonium crudum.* Deep, spongy ulcers; especially with gastric symptoms. Fistulous ulcers. Ulcers breaking out around a wart.

*Antimonium tartaricum.* "On the tips of the fingers and toes small ulcers, not very deep, little discharge and not much pain, they spread and destroy one joint after another, and one phalanx after another falls off, finally hands and feet are separated in their joints; a slight livid redness around the ulcers. Leprosy of the Society Isles." (Guiding Symptoms.)

*Argentum metallicum.* Grayish ulcers with shaggy borders, on prepuce and in throat. Bloody, purulent, ichorous, putrid, scirrhus ulcers on os tinæ.

*Arnica montana.* Bed-sores; especially in region of sacrum and hips. Varicose ulcers, with bruised, sore pains.

*Arsenicum album.* Ulcers: of cornea; nose (malignant); tongue with blue color; about the umbilicus; on the tips of the fingers; on the lower limbs, with burning and lancinating pains; on soles of feet and toes; flat; hard on edges, stinging, burning, spongy; with redundant granulations; turning black; pus thin, ichorous.

*Asafætida.* Ulcer on the tibia; ulcers, very painful to contact, especially in the circumference, gangrenous. Bad effects from abuse of mercury, especially in syphilis. Most pains are accompanied by numbness of the affected parts. Many symptoms appear while sitting, and are relieved in the open air.

*Aurum metallicum.* Dark-colored ulcers which involve the bones, in mercurialized or syphilitic patients; boring pains, worse at night; mental depression.

*Baptisia tinctoria.* Putrid ulcers, especially of the mouth; with stupor, low delirium, fever and prostration. I have repeatedly verified the foregoing indication in large ulcers of the

leg. The patients were in a typhoid state, and had the peculiar delirium.

*Bismuthum*. Ulcers gangrenous, bluish; or dried, parchment-like. [*Lachesis*.]

*Borax*. Unwholesome skin; small wounds suppurate and ulcerate. Patient agitated by looking or moving downward.

*Bryonia alba*. Putrid ulcers, feeling cold, when accompanied with the characteristic symptoms of this medicine.

*Calcarea fluorica*. "Hard, elevated edges of ulcer, and bone-like appearance of centre; surrounding skin purple and swollen." (C. E. Johnson.)

*Calcarea ostrearum*. Ulcers: on the cornea; in nostrils with scales; in corners of the mouth; in the larynx; in the lungs; in unwholesome, readily ulcerating skin. Ulcers deep, fistulous; carious. Warts, inflamed, stinging, suppurating and forming ulcers. With children this medicine may be often repeated; but with aged people a single dose suffices and repetition usually does harm.

*Calcarea phosphorica*. Tuberculous ulcers of vertex. Large ulcers above and around ears, and in region of parotid glands. Ulcers on malleolus; edges callous; ichor putrid.

*Carbo vegetabilis*. Ulcers: varicose; scrobutic; livid; easily bleeding [*phosphorus*]; foetid; burning at night. Syphilitic ulcers with high, sharp, ragged, undermined, irritable edges; painful, easily bleeding; discharge thin, acrid, offensive. Decubitus in typhus. Especially old people with feeble reaction [*opium*].

*Causticum*. Lupus. Varicose, fistulous, phagedenic ulcers. Ulcers bleeding, swollen; with boring, burning, tense sensations; pus corroding, thin, ichorous; margins blistered; better in damp weather and from walking.

*Chamomilla*. Sensitive ulcers, with redundant granulations and inflamed edges. Red, swollen, sensitive ulcers; with burning, smarting, lancinating, darting pains; worse at night; during menstruation; from heat, motion, rising, moisture and



drinking coffee; better from cold [*fluor. ac*]. Irritable, impatient subjects.

*Chelidonium majus*. Old, putrid, spreading ulcers.

*Cinchona officinalis*. Sensitive, ichorous, putrid ulcers.

*Cinnabaris*. Honey-combed, fistulous ulcers.

*Clematis erecta*. Spreading, ichorous, foetid ulcers.

*Conium maculatum*. Blackish ulcers, with bloody, foetid, ichorous discharges, especially after contusions. Particularly useful for old persons.

*Crotalus horridus*. Obstinate, even malignant ulcers, with yellow complexion and great indifference.

*Cuprum metallicum*. Hard, inflamed ulcers; jerking pains; sensitive; pus scanty and corroding; red borders.

*Diadema aranea*. Ulcer on left heel.

*Drosera rotundifolia*. Bleeding, burning, cutting ulcers; pus thin, ichorous; worse in the morning, when lying on the sore side, sitting, warm in bed; better from cold, rubbing, walking.

*Dulcamara*. Ulcers worse at night, from wet and cold. [*Rhus tox.*]

*Euphrasia*. Ulcer and pannus, extending from above downward to centre of cornea; with smarting lachrymation; profuse, thick, acrid discharge; lids thick and red; photophobia and pains worse in daylight; blurring of sight, relieved by wiping.

*Ferrum metallicum*. Pale, œdematous ulcers.

*Fluoric acid*. "Ulcerations especially after the abuse of Silicea." (Lippe.) "Varicose ulcers. Ulcers worse from heat; better from cold." (Hering.)

*Graphites*. Ulcer on cornea; deep ulcers, even with hypopyon. Margins of lids ulcerated. Ulcers on legs, with acrid pus, dryness of skin and constipation. Callous ulcers of the feet and toes. Old ulcers with foetid pus, redundant granulations, itching and stinging.

*Guarea trichilioides*. Lupus of an ochre-red color.

*Hamamelis Virginica*. Varicose ulcers, stinging or pricking [*pulsatilla*].

*Helleborus niger*. Ulceration around the nails. Painless ulcers.

*Hepar sulphuris calcareum*. Kerato-iritis, with ulcer of cornea and hypopyon; sensitive to air and touch. Tuberculous ozena. Lupus of face. Ulcer at corner of mouth. Thrush on inside of lower lip. Ulcers on gums and in mouth, with lardaceous base. Ulcer, resembling chancre, on prepuce. Mercurialized chancres. Uterine ulcers. Skin inclined to ulcerate; edges sensitive and bleed easily; the ulcer surrounded by small pustules. Pus bloody, corroding, smelling like old cheese. Pain as from a splinter, sometimes burning, itching, throbbing; worse from cold and at night.

*Hydrastis Canadensis*. Ulcers: of throat, putrid, after abuse of mercury or chlorate of potash; of stomach; of rectum; of bladder? Open cancer of the breast improved; indolent, of leg; of foot. Cutting, stinging, burning pains; pus scanty. Debilitated, tuberculous persons. [*Hepar, kali bichr., pulsatilla*.]

*Hyoscyamus niger*. Painful, bleeding ulcers; bruised feeling on moving the part.

*Kali bichromicum*. Ulcers: of cornea (indolent); septum (perforating); frontal sinus; lips (mucous surfaces); tongue (deep, yellow, syphilitic) (edges); mouth (aphthous); roof of mouth (sloughing); uvula; velum palati; tonsils; fauces; pharynx; stomach; duodenum; chancre (deep); under thumb nail; on previously inflamed foot; lupus; syphilitic. Ulcers: deep yellow, dry, oval; edges regular, overhanging; areola bright red; base hard, corroding, excavating, dark-colored in centre; discharge stringy; pains sharp, worse from two to four A. M. and from cold.

*Kali carb*. Ulcers bleed at night.

*Kreosotum*. Spongy, burning ulcers; pus acrid, ichorous, fetid. Gangrenous, malignant, putrid ulcers.

*Lachesis*. Ulcers: of the cornea; face; neck; mouth; tongue; throat; stomach; male and female sexual organs; leg. Left side, mostly. [*Sulph. ac.*] Ulcers: sensitive and burning to touch; bleeding readily; discharging ichorous, offensive matter; areolæ purple; surrounded by numerous, small pimples; relieved by warmth. Ulcers: malignant; indolent; spreading; painful, with redundant granulations; re-opened cicatrices; spongy, syphilitic; phlebitic; fungus hæmatodes; bed-sores, with black edges. [*Arsen., asaf., hepar, lyc., mur. ac., sil.*] Concomitant indications should be regarded.

*Lycopodium clavatum*. Ulcers: bleed and burn when touched; itching, shooting, tearing at night; fistulous, with hard, red, shining, everted edges and inflammatory swelling of affected parts; phagedenic; cancerous; foul centre; thin, offensive, ichorous discharge. Worse on right side. Old persons, having the characteristic indigestion and urine.

*Mercurius viv.* Ulcers: large, bleeding, margins everted like raw meat, bases covered with a callous coat; superficial, flat, readily bleeding, base lardaceous, worse from heat of bed; serpiginous. Carious, cancerous, fungous, phagedenic, syphilitic ulcers.

*Mercurius corrosivus sublimatus*. Perforating or phagedenic ulcers. Ulcers or chancres with thin pus, leaving stains upon linen as from melted tallow.

*Mercurius iodatus ruber*. Syphilitic eruption over whole body, with moist, offensive-smelling ulcers on legs. Lupus. Large, foetid ulcers of throat, in malignant scarlatina.

*Mezereum*. Ulcers covered with thick, whitish-yellow scales, under which thick, yellow pus collects. Vesicles appear around ulcers, itch violently, burn like fire; fiery red areola.

*Muriaticum acidum*. Putrid ulcers on legs, with burning around them. The cases that have received this remedy at my hands have all been in typhoid condition, sliding down in bed. It has always done good work for me.

*Nitric acid.* Violently bleeding ulcers, with stinging pain, as from splinters, or with burning, especially when touched. Mercurial ulcers. Carious ulcers.

*Pæonia.* Ulcer of breast; rectum; leg; foot, toe, from pressure; decubitus.

*Petroleum.* Ulcers with stinging pain and redundant granulations; deep, with raised edges; fistulous; indolent; offensive smelling; pus, scanty and corrosive; decubitus.

*Phosphoricum acidum.* Ulcers: inveterate; flat, with dirty, foetid pus or indented bases; like carbuncles, with coppery circumference. No tenderness about ulcer.

*Phosphorus.* Fistulous ulcers; erysipelatous; pus thin, ichorous; hectic. Open cancers; bleeding easily.

*Phytolacca decandra.* Ulcers: syphilitic; malignant. Ulcers: of male and female sexual organs; of legs and sides and soles of feet; of mucous membrane, especially in nose, throat and rectum; looking as if pinched out; lardaceous base; pus watery, foetid, ichorous; shooting, lancinating, jerking pains.

*Plumbum.* Decubitus. Ulcers burn. Small wounds easily become inflamed and suppurate.

*Ranunculus bulbosus.* Flat, burning, stinging ulcers, with ichorous discharge.

*Ruta graveolens.* Ulcers and scales on scalp. Fistulous ulcers on the legs.

*Sabina.* Ulcer on tibia, with lardaceous base.

*Sanguinaria.* A case that had given me a great deal of trouble finally surrendered to this medicine. Both legs were affected, the tendons showing; the discharge was profuse, thick and putrid. The concomitant symptoms helped me to the selection of this remedy. They were: periodical (from suppressed intermittent fever), stupid, semi-paralyzed state, worse on the right side; red spots over the cheek-bones, especially the left, coming on at 11:30 A. M. and lasting until 5 P. M.; craving appetite; cold feet in the afternoon.

*Sarsaparilla.* Ulcers, after the abuse of mercury.

*Selenium.* Flat ulcers on the legs.

*Sepia.* The least injury tends to ulcerate, in thin delicate skins.

*Silica.* A very useful and much abused medicine. Ulcers: of corners of mouth; of lower lip (malignant); mouth gangrenous with perforating ulcer of palate; of stomach; of female sexual organs; on leg; of tibia; about nails; phagedenic; extend in depth; after abuse of mercury; flat, with bluish-white base; offensive, with ichor, redundant granulations, stinging, burning, itching; edges hard, high or spongy. Sensation of coldness in ulcers. "Ulcers of all kinds; also after the abuse of mercury." (Lippe.) *Mercurius* and *silica* do not follow each other well. *Fluoric acid* follows *silica* well, and antidotes its abuse.

*Staphisagria.* Ulcers: scorbutic; mercurial; syphilitic; carious; pains gnawing, jerking, tearing, shooting.

*Stillingia sylvatica.* Ulcers, in unhealthy skin.

*Sulphur.* Ulcer on instep. Ulcers about nails; nails crumble off. Ulcers: cancerous; crusty; pricking; pulsating; swollen, tearing, with tension; pus offensive; spongy base; raised, swollen edges, bleeding easily, surrounded with pimples. Bedsores. Varicose ulcers bleed easily, secrete foetid pus, and burn and itch much. Indolent ulcers.

*Sulphuricum acidum.* Ulcers on inflamed tongue. Stomatitis ulcerosa. Cancrum oris, ulcers extending rapidly. Ulcers in lungs. Gnawing pain in ulcers of skin. Bruised, sore feeling over the entire body [*arn.*]. Weakness with sensation of trembling. Old people. Left side principally affected [*lach.*]. Aggravation in the open air; from smelling coffee.

*Tarantula.* Malignant ulcers in unhealthy skin.

*Thuja occidentalis.* Ulcers: of male sexual organs with itching or pricking pains; of female sexual organs; erosions of os uteri; of skin, flat, with bluish-white base.

*Viola tricolor (Jacea).* Burrowing, itching, ichorous ulcers.



# REPERTORY.

## LOCATIONS.

*Head:* Calc. phos., Ruta gr.

*Eyes:* cornea, Arg. nit., Ars. alb., Asaf., Aur. met., Calc. ostr., Con. mac., Euphras., Graph., Hepar, Hydras. Can., Kali bich., Kali carb., Lach., Merc. viv., Natr. carb., Sil., Sulph.; lids, Graph.

*Ears:* above and around, Calc. phos.

*Nose:* Ars. alb., Calc. ostr., Phytol. dec.; in nostrils, Calc. ostr.; in frontal sinus, Kali bich.; in septum, Kali bich.; ozæna (tuberculous), Hepar.

*Face:* Hepar, Lach.

*Mouth:* Alumina, Bapt., Kali bich., Lach., Nux vom., Sil., Sulph. ac.; corners, Hepar, Sil.; gums, Hepar; lower lip (inside), Hepar, Sil.; palate, Sil., Sulph. ac.; roof of mouth, Kali bich.; uvula, Kali bich.; velum palati, Kali bich.

*Tongue:* Ars. alb., Kali bich., Lach., Sulph. ac.

*Throat:* Arg. met., Hydras., Lach., Merc. iod. rub., Nux vom., Phytol.; tonsils, Kali bich.; fauces, Kali bich.; pharynx, Kali bich.; parotid gland (region of), Calc. phos.

*Stomach:* Hydras., Kali bich., Lach., Sil.

*Abdomen:* Ars. alb.

*Intestines:* duodenum, Kali bich.; rectum, Alumina, Hydras., Pæon., Phytol.

*Bladder:* Hydras.

*Sexual Organs:* male, Arg. met., Hepar, Lach., Merc. viv., Phytol., Thuja; female, Arg. met., Hepar, Hydras., Lach., Phytol., Sil., Thuja.

*Lungs:* Calc. ostr., Sulph. ac.

*Neck:* Lach.

*Sacrum and Hips:* Arn.

*Extremities:* upper, Ant. tart., Ars. alb., Kali bich., Hamam., Hell., Sil., Sulph.; lower, Anagal. arv., Ant. tart., Arn., Ars. alb., Asaf., Bapt., Calc. phos., Carbo veg., Caust., Cham., Dia-

dema, Fluor. ac., Graph., Hamam., Hepar, Hydras., Kali bich., Lach., Lyc., Merc. viv., Merc. iod. rub., Mez., Mur. ac., Pæon., Phytol., Polonia, Ruta, Sabi., Sang., Selen., Sil., Sulph., Sulph. ac.

*Sides:* right, Lyc.; left, Lach., Sulph. ac.

### SENSATIONS.

*Boring:* Aurum met., Caust.

*Bruised:* Arn., Hyosc., Sulph.

*Burning:* Amanita, Ars. alb., Carbo veg., Caust., Cham., Dros., Hepar, Hydras., Kreos., Lach., Lyc., Mez., Mur. ac., Nitr. ac., Opium, Plumb., Ranunc. bulb., Sil., Sulph.; around ulcer, Mur. ac.; on touch, Lach., Lyc., Nitr. ac.

*Coldness:* Bry., Sil.

*Cutting:* Arsen., Cham., Dros., Hydras., Kali bich., Phytol.

*Gnawing:* Staph., Sulph. ac.

*Itching:* Amanita, Graph., Hepar, Lyc., Mez., Sil., Sulph., Thuja, Viola tri.

*Jerking:* Cuprum, Phytol., Staph.

*Numbness:* Asaf.

*Painful:* Angust., Asaf., Carbo veg., Hyosc., Lach., Phos. ac.; on contact, especially in the circumference, Asaf.

*Painless:* Ant. tart. (not much pain), Hell., Opium.

*Pulsating:* Sulph.

*Sensitive:* Cham., Cinch., Cuprum, Hepar, Lach.; to air, Hepar.

*Shooting:* Cham., Lyc., Phytol., Staph.

*Smarting:* Cham., Euphras., Graph.

*Splinter-like:* Hepar, Nitr. ac.

*Stinging:* Ars. alb., Calc. ostr., Graph., Hamam., Hydras., Nitr. ac. (especially on touch), Petr., Puls., Ranunc. bulb., Sil.

*Tearing:* Lyc., Staph., Sulph. (with tension).

*Throbbing:* Hepar.

*Trembling,* sensation of (general): Sulph. ac.

*Weakness* (general): Sulph. ac.

CHARACTERS AND GENERALITIES.

*Aphthous*: Kali bich.

*Base*: callous coat, Merc. viv.; hard, Kali bich., Phos. ac.; lardaceous, Hepar, Merc. viv., Phytol.; spongy, Sulph.

*Bed-sores*: Arn., Carbo veg., Lach., Petr., Plumb., Pæon., Sulph.

*Bloody*: Arg. met., Carbo veg., Caust., Coni., Dros., Hepar, Hyosc., Kali bich., Lach., Lyc., Merc. viv., Nitr. ac., Phos., Sulph.

*Burrowing*: Viola tri.

*Callous*: Merc. viv.

*Carious*: Aman., Angust., Calc. ostr., Merc. viv., Nitr. ac., Staph.

*Centre*: bone-like, Calc. fluor.; foul, Lyc.

*Chancre*, resembling: Hepar, Kali bich., Merc. cor.

*Cicatrices*: re-opened, Lach.

*Color*: black, Ars. alb., Coni.; blue, Ars. alb., Bismuth, Sil., Thuja; coppery (circumference), Phos. ac.; dark, Aur. met., Carbo veg., Kali bich.; gray, Arg. met.; pale, Fer. met.; purple, Calc. fluor., Lach. (areola); red, Agar., Ant. tart. (around), Cham., Cuprum, Kali bich. (areola), Mez. (areola); yellow, Ananth., Kali bich.

*Crusty*: Sulph.

*Discharge*: acrid, Carbo veg., Euphras., Kreos.; corroding, Agar., Caust., Cupr. met., Hepar, Kali bich., Petr.; dirty, Phos. ac.; cheese (smelling like old), Hepar; foetid, Carbo veg., Cham., Coni., Graph., Kreos., Lach., Lyc., Merc. iod. rub., Nux vom., Petr., Phos. ac., Phytol., Sil., Sulph.; ichorous, Arg. met., Ars. alb., Caust., Cinch., Clem., Coni., Dros., Kreos., Lach., Lyc., Phos., Phytol., Ranunc. bulb., Sil., Viola tri.; purulent, Arg. met., Ars. alb., Caust., Cupr., Dros., Graph., Hepar, Kreos., Mez., Petr., Phos., Phos. ac., Phytol., Sulph.; putrid, Arg. met., Bapt., Bry., Calc. phos., Chel., Cinch., Hydras., Kreos., Mur. ac.; scanty, Ant. tart., Cupr., Hyosc.

Petr.; stringy, Kali bich.; thick, Euphras., Mez.; thin, Merc. cor., Phos.; watery, Phytol.; yellow, Mez.

*Edges:* black, Ars. alb., Asaf., Hepar, Lach., Lyc., Mur. ac., Sil.; blistered, Caust.; coppery, Phos. ac. (circumference); elevated, Ananth., Calc. fluor., Carbo veg.; everted, Lyc., Merc. viv.; hard, Ars. alb., Calc. phos., Cupr., Lyc., Sil.; inflamed, Cham., Cupr.; painful to touch, Asaf.; ragged, Carbo veg.; red, Lyc.; spongy, Sil.; shining, Lyc.; swollen, Sulph.; undermined, Carbo veg.

*Extending, rapidly:* Sulph. ac.

*Fistulous:* Agar., Ant. carb., Calc. ostr., Caust., Cinn., Lyc., Petr., Phos., Ruta.

*Flat:* Ars. alb., Merc. viv., Phos. ac., Ranunc. bulb., Selen., Sil., Thuja.

*Fungus:* Lach., Merc. viv.

*Gangrenous:* Asaf., Kreos., Sil.

*Granulations, redundant:* Alum., Ars. alb., Cham., Graph., Lach., Petr., Sil.

*Honey-combed:* Cinn.

*Indolent:* Alumen, Agar., Hydras., Kali bich., Petr., Sulph.

*Inveterate:* Crotal., Phos. ac.

*Malignant:* Arg. met., Ars. alb., Crotal., Kreos., Lach., Phytol., Sil., Tarant.

*Œdematous:* Fer.

*Old persons:* Carbo veg., Coni., Opium, Sulph. ac.

*Phagedenic:* Agar., Caust., Lyc., Merc. cor., Sil.

*Phlebitic:* Lach.

*Pimples, surround:* Lach.

*Pustules, surround:* Hepar.

*Punched out:* Phytol.

*Scales:* Mez.

*Scorbutic:* Carbo veg., Staph.

*Sloughing:* Kali bich.

*Spongy:* Ant. crud., Ars. alb., Kreos., Lach.

*Varicose:* Arn., Carbo veg., Caust., Hamam., Puls., Sulph.

*Vesicles*, around: Mez.

*Warts*, inflamed, suppurating, ulcerating: Calc. ostr.

MODALITIES.

*Aggravation.*

*Coffee* (from drinking): Cham.; (smelling) Sulph.

*Cold*: Dulc., Hepar, Rhus tox.

*Daylight*: Euphras.

*Downward* (motion, or looking downward): Borax.

*Heat*: Cham., Fluor. ac.; of bed, Dros., Merc. viv.

*Lying on sore side*: Dros.

*Menstruation, during*: Cham.

*Motion*: Cham.

*Moisture*: Cham., Dulc., Rhus tox.

*Morning*: Dros.; 2-4 A. M., Kali bich.; 3 P. M., August.

*Night*: Aur. met., Cham., Dulc., Kali carb., Hepar, Lyc.,

Sulph.

*Open air*: Sulph ac.

*Rising*: Cham.

*Sitting*: Asaf., Dros.

*Touch*: Nitr. ac.

*Amelioration.*

*Cold*: Cham., Dros., Fluor. ac., Kali bich.

*Damp weather*: Caust.

*Heat*: Lach.

*Open air*: Asaf.

*Rubbing*: Dros.

*Walking*: Caust., Dros.

*Wiping*: Euphras.

*Causes (Other Than Disease).*

*Chlorate of Potash*: Hydras.

*Contusions*: Conium.

*Mercury*: Asaf., Aurum met., Hepar, Hydras., Nitr. ac.,  
Sars., Sil., Staph.



*Pressure* (bed-sores) : Arn., Petr., Pæon., Plumb., Sulph. *Silica*: Fluor. ac.

### MALIGNANT PUSTULE.

I have seen two cases in my private practice. One man, over sixty years of age, was the sufferer in both cases, which were several years apart. Each pustule was located upon the lip. The disease developed rapidly into a low, typhoid condition. Local interference of every kind was carefully avoided. The medicine that was most similar to the whole case was given. Both cases were characterized by stupefaction; debility; restlessness; fever greatest in the evening; and dry tongue, with triangular red tip. *Rhus tox.*, two hundredth, in water, given every two hours, cured safely, speedily and easily.

#### INDICATIONS FOR MEDICINES.

*Arsenicum.* Anxious, distressed, restless; dark, burning, foetid sore; worse after midnight and in cold air; better from warmth.

*Lachesis.* Loquacious delirium, worse after sleep; blue pustule, with several openings; blood dark and non-coagulable; very sensitive.

*Rhus tox.* See history above.

### ERYSIPELAS.

No case of erysipelas should be considered trifling because its onset is mild; or neglected until it has been cured. The experienced physician is not unmindful of the fact that the disease is prone to spread rapidly by continuity of the skin or subcutaneous cellular tissue. The healthy must not come in contact with the sick or their dressings or discharges. The terrible itching of the skin may be legitimately ameliorated by a covering of cotton. Fortunately, erysipelas yields to homœopathy. The Hahnemannian gives the medicine which is sim-

ilar to the individual case. He gives it with confidence; and does not produce suppression and metastasis by local medication. Even the worst cases of traumatic erysipelas which are seen in a general hospital, in debilitated and broken-down subjects, are cured by homœopathy when all other means have failed.

#### INDICATIONS FOR MEDICINES.

*Aconitum*. Smooth skin; violent fever.

*Apis*. Skin very hot, and red;—pale;—dark blue; smooth or blistered; burning, stinging, sensitive, sore. Erysipelas with bruised, sore pain and much swelling.

*Arnica*. Traumatic erysipelas. Phlegmonous erysipelas, tender on pressure; burrowing pus not painful.

*Belladonna*. Skin scarlet and smooth. Intense erysipelatous fever, accompanied with inflamed swellings, passing even into gangrene.

*Borax*. Mild form; left side of face; painful when laughing, with sensation as if covered with cobwebs. (Bœnninghausen.)

*Cantharides*. Erysipelas of the skin, forming blisters.

*Cinchona*. Phlegmonous erysipelas; gangrenous; parts turn black; great exhaustion.

*Graphites*. Erysipelas of the face; burning, stinging; right to left. Skin dry, inclined to crack. Phlegmonous or vesicular erysipelas, other symptoms agreeing.

*Kali carb*. Erysipelas of old people; skin dry, burning, stinging, itching; worse from two to four A. M.

*Lachesis*. Erysipelas of the face, with burning and itching, worse after siesta, hammering headache. Phlegmonous erysipelas of limbs; swollen, dark blue, sensitive; mortification threatened; blood dark, non-coagulable.

*Rhus tox*. Erysipelas of scalp or face, left to right, forming vesicles. Cellulitis of neck. Phlegmonous erysipelas of the limbs. Intolerable itching all over, worse on hairy parts;

scratching causes burning. *Apis* and *rhus* do not follow each other well.

*Sulphur*. Throbbing and stinging pains; migrating from one part to another. The characteristic symptoms of the drug should be found.

John S., aged thirty-seven, laborer, was admitted to the Homœopathic Hospital, Ward's Island, January seventh, 1881, and sent to Ward I with erysipelas of the right leg. Suppuration took place. The middle third of the anterior portion of the leg was opened by crucial incision, the longest cut running lengthwise of the limb. There was a free discharge of pus and blood. Later, hæmorrhage from the wound occurred; which was controlled by compression. January twenty-third he was transferred to Ward C. The tissues were dark-colored, bluish and burning; the wound gaping and filled with dark blood; and the patient exhausted. The wound was cleared, douched with one part of *calendula* to twenty parts of water and compressed. Prescription, *arsenicum alb.*, third. January thirty-first my attention was drawn to the case. Dark blood distended the cavity and saturated the dressings and clothing. *Lachesis* appeared to be similar to all the symptoms; and accordingly I gave it, in the two hundredth potency, every two hours until improvement was observed. The wound was unmedicated locally and the dressings were made easy. The bleeding ceased in a few hours. The lesion became a healthy ulcer. Convalescence was uninterrupted. Patient discharged, cured, May second, 1881.

Dr. F. C. Greene, who was an interne at the Homœopathic Hospital, Ward's Island, at the time, has kindly furnished memoranda of the following case, which was seen in that institution:

Charles S., aged thirty-one, bottler, was admitted January sixth, 1881, with traumatic erysipelas of the right hip and thigh, the result of a fall which struck the glutei muscles, received ten days before. Upon admission, the entire buttock

and posterior thigh were involved; pulse, 124, quick, tense and hard; temperature, 104 1/2; skin, 102 1/2 and dry; respiration, 20. There was an opportunity for *arnica*. It may have been given; but the fact does not appear in the memorandum. January twenty-eighth he was transferred from Ward I to Ward C. Present condition (see Ulcers):

"On under surface of right thigh just above the popliteal space is an opening about the size of a fist, from which a sinus extends upward into the thigh as far as the lower border of the natis, where there is another opening as large as the lower one. This sinus" [burrowing abscess] "is from three to five inches in width and extends deeply among the muscles. The discharges are profuse and exceedingly offensive, and the edges of the openings black and ragged. The posterior surface of thigh presents a flattened appearance and the roundness of the buttock is lost on the side. Not much pain in thigh. General appearance of patient exhausted; face sallow; eyes sunken; strength gone; no appetite and great thirst; temperature, 102. R *China* tincture. Locally syringing with *carbolic acid*, one to forty."

February fourth I saw the case. *Cinchona* had done good work and stopped. Destruction had halted; the subcutaneous tissues were clean and red; compression approximated the raw surfaces. What should be done to promote healing? I prescribed *silica*, thirtieth centesimal.

February fifteenth. "Improvement in all respects. The skin over the sinus has been removed for about half its extent, leaving a large granulating surface; muscles still held by adhesive straps; discharge healthy; no pain in thigh; general condition much improved."

February twenty-eighth. "The discharge is very slight, and comes from one small pocket at lower border of natis. Compress put on here to keep the pus pressed out." Convalescence was uneventful. Patient discharged, cured, November ninth, 1881.

## MORTIFICATION.

Homœopathy has done good work in preventing, arresting and relieving cases of mortification of soft tissues—gangrene—and of bone—necrosis.

*Arsenicum* is useful when its grand general characteristics appear in the case, such as burning pain relieved by heat, the peculiar mental state, thirst, restlessness and aggravation at and after midnight.

*Carbo veg.* Every case of mortification demanding medicine at my hands will, if it is putrid, humid, especially senile, is cyanotic, wants fresh air and has a constant desire to be fanned, receive this medicine. [*Cinchona* is closely allied and precedes and follows well.]

*Cinchona.* Fœtid gangrene; especially after long illness or loss of liquids.

*Helleborus.* Noma.

*Secale corn.* Chronic mortification in consequence of contracted arteries. Thin, scrawny subjects, who are cold but insist upon being uncovered.

*Silica.* Necrosis. Helps to arrest the process and detach sequestra. The prescriber should find the general characteristic indications for *silica* in the case before giving this medicine.

A case in point: An old lady living in a neighboring city was threatened with chronic mortification of the left lower extremity in consequence of hardening and contraction of the femoral artery. In fact, the little toe was already black. She had abundant professional advice, both conservative and radical. I found a scrawny subject, generally cold, but who persistently uncovered herself; and prescribed *secale*, two hundredth. The limb was kept warm. More blood flowed through the artery and the morbid process was permanently arrested.



## TUMORS.

The more "benign" the tumor is, the fewer are the symptoms felt in the tumor itself or resulting from it. Considered alone, it is an objective symptom of very slight value when weighing the evidence upon which to base a prescription. Unless concomitant symptoms are found, which indicate the remedy, the homœopathic prescriber has no guide to action against the tumor. The more malignant the tumor is, the greater is the number of symptoms, both of part and system; and they point to the curative agent. Hence (it seems to me) the fact, in the present state of art, that the benign, fatty tumor remains unassailed by homœopathic medicine; while every malignant growth receives benefit from the similar medicine and some supposedly incurable cases are cured thereby (see Cancer); and a large majority of tumors which occupy middle ground, like fibroids of the uterus, surrender to the homœopathist. A few personal observations are offered in evidence.

## CYSTOMA.

*Ranula.*

A tall, slender young woman was the subject of the following experiences, which appeared to be the outcome of colds, the usual manifestations of which ceased abruptly just before the swellings began.

In October there was an acute swelling under the tongue. The chin was "double its natural size" when she awoke in the morning. In the evening it began to "draw." It increased in size. The fourth day she received a dose of medicine from me. Five hours later the swelling "broke, high up on the gum, and discharged about two tablespoonfuls of thick, yellow matter," the last of it (streaked with blood) being pressed out. This swelling was undoubtedly an abscess. The medicine was *Staphisagria*. It was suggested to me by carious molar teeth, the seat of "sticking" pains. The medicine helped abscess and teeth.

The following February a similar, larger, more painful abscess formed at or near the site of the first one. It discharged more pus, which was greenish, streaked with blood and of an offensive odor. *Staphisagria* helped abscess and teeth.

The following May there was a still larger, less rapid swelling of the floor of the mouth. It was central and symmetrical; displaced the tongue upward and backward; was of bluish tint; and yielded throbbing, sticking pains. Function was lost. The chin and neck were distorted. The teeth gave trouble. I learned of easily excited sweat upon head and neck and habitually clammy feet. My prescription for the entire case was the similar medicine, *calcareo ost.* A few pellets of the two hundredth potency were dissolved in twelve teaspoonfuls of water. She took a teaspoonful immediately; and was directed to take one teaspoonful every two hours thereafter until relieved. Soon after swallowing the second dose (it being on the fifth day of the tumefaction) she felt moisture in the mouth and pulled the lower lip downward and forward, when out ran a "little stream of thin, yellow liquid for about twenty minutes," which emptied the cavity. The chin desquamated. There is permanent adhesion of the skin to the bone at the end of the chin. It was a case of ranula. Homœopathy cured it and relieved the other symptoms.

### *Weeping Sinew (Synovial Cyst).*

A sad case of lupus came to me. I prescribed for it carefully. At times the disease appeared to be nearly conquered; and then suddenly flared up again. Being detained on one occasion, I delegated a visit to Dr. Spencer Carleton, who took a new history of the case, as follows:

When eight years old patient had a severe attack of measles. Later he had a second attack. This was followed by German measles. He was never quite well afterwards. When eleven years old he was thrown from a pony, striking heavily upon his face and abdomen. His health then began to fail visibly.

He was weak and languid. Adenoids and polypi appeared in the left posterior nares, accompanied by severe nasal catarrh. A rhinologist and an electrician, working together, employed caustics, electricity, the snare, the actual cautery and other local measures. The growths returned and the catarrh became worse. Languor and indisposition continued. In March, while other boys were playing, he sat upon the moist ground, watching them. The consequence was a severe attack of inflammatory rheumatism. A few months later the soft palate was found to be perforated. Gargles of hot bichromate of potash were used, which created great irritation. Then there were more sessions with the specialist. Bones were scraped; electricity, chromic acid, astringents, washes and insufflations (of aristol?) were employed. During this period a diagnosis of lupus was made. The X-ray, ultra-violet light, radium, *etc.*, were discussed and some of them used. The next spring a severe eczema appeared on both legs, especially the right. Applications of hot soda suppressed this. Patient said, "The suppression seemed to take away all my remaining strength." The mouth and face became involved. All parties became discouraged. The case was turned over to homœopathy, as we have seen.

During my experiences with the case a cystic tumor appeared near the right wrist joint, on the tendon of the extensor longus digitorum, with rice granules further up. Twice we had forcibly dispersed the tumor and it had reformed. We abandoned all mechanical expedients against the weeping sinew. Under *rhus tox.*, two hundredth, the lupus improved once more and the tumor disappeared. It has not returned.

#### *Sanguineous Cyst—Kephalematoma.*

In my days of obstetrical activity a number of these tumors, located under the scalp, came to notice. Occasionally the base of the tumor would be three inches in diameter and correspondingly bulky. *Calcareo ost.*, two hundredth, never failed to

cure these tumors in a few weeks. I followed the hint given in Guernsey's Obstetrics.

### FIBROMA.

#### *Fibroid Tumors of the Uterus.*

When I entered upon the practice of medicine and surgery the attitude of the main body of the profession towards fibroid tumors of the uterus was shown by Thomas (Diseases of Women, 4th Edition, pp. 507-8), in these words: "As already stated, these growths may attain the enormous weight of fifty pounds. Fortunately they very rarely reach such dimensions, but even when they do not they sometimes exhaust the patient by metrorrhagia, leucorrhœa, hydrorrhœa, and a low grade of constitutional irritation, often attended by hectic fever. But this termination, like the preceding, is exceptional. Having attained a moderate size they generally remain stationary or increase slowly until the menopause, creating considerable inconvenience and depreciating the patient's strength by hæmorrhage. Then undergoing a certain degree of atrophy with the cessation of uterine and ovarian functions they cease to be, to any great degree, a source of annoyance, or at least of danger. \* \* \* In the vast majority of cases of interstitial and subserous variety the efforts of the practitioner should be limited to palliation of the evils resulting from these growths." Armed with ergot and persistence, the physician brought a respectable proportion of his patients along the way towards recovery. The rest were subjected to operation, with varied results.

In contrast to the foregoing is the practice of today. The average gynæcologist learns whether the tumor is operable or inoperable and removes the former. This step backward is at the expense of those who submit to operation, who are thus deprived of all opportunity to be cured, albeit their recovery may be satisfactory or unsatisfactory. The similar medicine cures the individual case in the majority of instances. It also cures some of the inoperable cases. Thus:

Case 1. A maiden, thirty-seven years old, complained of menorrhagia with dysmenia and a clumsy, uncomfortable sensation in the pelvis. Her physician found an interstitial fibroid tumor of the uterus. A specialist confirmed the diagnosis. After a time, in spite of ergot, the patient gradually grew worse. She became thin and sallow and lost muscular strength. Operation was recommended and declined, and the patient decided to change the practice. Slight pressure of clothing around the waist, and around the neck as well, was irksome. Tolerably good sleep was succeeded by an unrefreshed feeling upon awaking. She was sad, anxious and loquacious. According to the science of therapeutics, one particular remedy was unmistakably required. It was given. *Lachesis* soon arrested the morbid process, took the patient safely through the menopause and finally brought her to a state of perfect health. The tumor was gone. *Lachesis*, in different potencies, and at long intervals, depending upon the rate of improvement, was the only remedy used by me during my management of this case; which represents a large proportion of cases observed by me.

Case 2. A maiden school teacher, at the age of twenty-seven, noticed that her waist was increasing in size. A fibroid tumor of the uterus was found. The menstrual function was normal. Her digestion was weak; she was constipated and began to experience attacks which were called "liver colic." These grew worse as time went by. Pain on the right side, under the ribs, extended across the abdomen and "around back." Premonitory to the above, for a day or two, there were pain in the left shoulder (sometimes the right) and much thirst for cold water. The "colic" was ameliorated by the vomiting of much bile and ended by the use of morphine. There was no icterus. Hot, sensitive, pulsating, bleeding, internal and external piles developed. When thirty-eight years of age she married. The tumor continued to enlarge. When she was forty-one years old my responsibility for the case began.



At that time she somewhat resembled, in size and shape, a pregnant woman at the seventh month. The tumor was firm, unyielding, insensitive and felt, to the examining hand, slightly ridged. The most prominent portion was two inches to the left of and below the umbilicus. There, occasionally, she felt pulsations at night when lying upon the back, which was broad but otherwise non-committal. Bi-manual examination was attended with difficulty in consequence of vaginismus. The os was back and emitted brown fluid. The patient stated that the discharge was usually milky white and acrid. External pressure downwards upon the tumor was felt at the os. The sound passed three and one-half inches. The liver was greatly, and the spleen considerably, enlarged; the left thigh and leg were œdematous; she wanted her clothing to be loose; the tongue showed many large and small cracks; the mouth was sore; and the disposition was sensitive.

*Lachesis* two hundredth helped several months and then ceased to act. It was followed by *apis* two hundredth. The symptoms, in addition to those already recorded, which determined the choice of this remedy, were pricking pain through the intestines while straining at hard stool and a feeling as if something would give 'way; foot and ankle "full of needles." Great improvement was produced by this medicine. As each paroxysm of "colic" passed off—the attacks were less frequent and less severe and, it should be needless to say, received no morphine—it was attended with a large flow of urine, which was sometimes highly colored and at other times clear. Examination of the urine revealed no essential fault. The last part of the menstrual flow was light colored and putrid. In the course of a year the tumor had ceased to enlarge (as shown by an elaborate system of measurements) and the symptoms were less violent.

The next year I stuck to *apis* exclusively, with benefit. As occasion demanded, only, we dissolved the two hundredth potency in water and gave it three times a day. The tumor became a trifle smaller.

Improvement ceased. The menses had become infrequent and acrid, causing pruritus, and were worse during the day. The intermediate discharge was also irritating. The hæmorrhoids were aggravated when the menstrual flow occurred. They were swollen and moist and impeded the stool; itched, stung, burned; were painful when touched, when walking, when thinking of them. A new symptom, coccygodynia, was worse at the same periods. These symptoms were met by the similar medicine. In four years the patient received four doses of *causticum* c.m. [Fincke], with marvelous benefit. Each dose was uninterfered with so long as the improvement which it had produced lasted.

At the end of these four years there seemed to be comparatively little more to be done; but in a few months the patient complained of bad memory, with dizziness, which was worse when rising from the recumbent or sitting posture and the sensation, when in bed, as of floating in a boat. *Conium*, seventy-five m. [Fincke], corrected this. Presently His Majesty, King Psora (the chronic miasm described by Hahnemann, not the restricted malady of some dermatologists), driven from his strongholds, made a last vicious onslaught upon the hands, which started as urticaria, itched and burned, and was made worse by scratching and the application of cold water, and ultimately became blisters. This demonstration was first met by *sulphur* c.m. [Fincke]; six months later by the same medicine in the two c.m. potency; one year later still by the five c.m. potency. His Majesty was utterly routed.

Eleven years have since elapsed. The former patient, now sixty-six years of age, continues to be well and active. All her organs are in a natural state. She manages her household affairs and numerous benevolent movements. She has been cured by what Hahnemann calls the art of healing.

## SARCOMA—(SEE CANCER).

## PAPILLARY TUMOR.

*Warts.*

Case 1. A middle-aged man asked me to remove a large, broad-based wart from his vertex. The scalp was but scantily covered with hair; and consequently the wart was conspicuous. I explained to him that the wart was but the expression of a constitutional malady, which might yield to the similar constitutional medicine; and that the medicine must correspond to the totality of his symptoms. By my advice he consented, though with doubt and hesitation, to a trial of medicine before we should adopt mechanical measures.

What medicine has produced warts upon the vertex? None that I know of. Evidently the concomitant symptoms would have to rule the prescription. I learned of dry, thickened mucous membrane in the nostrils, which impeded respiration; drawing and tearing pains in left thigh; and inability to lie still in bed at night. These were chronic symptoms. Meanwhile the patient did not fail to remind me that his interest centered in the wart. The concomitant symptoms, just given, pointed to *causticum*; and, as that medicine has a variety of warts on different parts of the body, it was selected for this case. How should it be given? Experience had taught me to prefer the higher potencies of this long-acting medicine in chronic cases. I had a tried and true preparation,—one that had, more than once, succeeded wholly, after partial success had been gained with the lower potencies. I put a few pellets of *causticum* c.m. [Fincke] on the patient's tongue. Six weeks later the wart had disappeared and the other symptoms had improved.

Case 2. A light-complexioned young woman, of considerable beauty, but rather too stout, wished to be rid of two small, fleshy warts which disfigured her right upper eyelid. More

than one remedial agent came to mind. Which of them would meet the requirements of homœopathy? Inquiry established the existence of sweaty face and neck; cold, sweaty feet and milky-appearing leucorrhœa. The similar medicine was thus made known with certainty. *Calcarea ostr.* two hundredth, repeated six weeks later, cured the entire case in about three months.

Case 3. An over-worked school teacher was annoyed by a large, hard, smooth, sensitive wart on the palmar surface of the distal section of her right index finger. Knowledge of that single fact was insufficient to determine the remedy. I learned of the existence of a fever blister upon the upper lip; also that her sense of smell had been lost over a year, in consequence of an attack of influenza. Then doubt gave place to certainty. One medicine, only, in pure materia medica, is similar to that totality of symptoms. In my experience that medicine has done its best work when given in the higher potencies. A single dose of *natrum muriaticum* c.m. [Fincke] cured the fever blister in a few days, restored the sense of smell in a few weeks and cured the wart in a little longer time.

Case 4. A young man, although skeptical, was persuaded by relatives to test the ability of homœopathy to remove a wart from his left nostril. The wart was about three-sixteenths of an inch in diameter, greater in length, with a broad base and corrugated crown. It had been burned away by caustics a number of times, only to reappear, larger than before. The specialist who had thus tried to remove the wart had also cut away the tonsils, and employed much local treatment against naso-pharyngeal catarrh, without avail. The patient took cold easily; his left upper eyelid twitched; the left ear was deaf; he was constipated and had itching piles; and was worse in cold weather, when he suffered with rheumatism in his left heel. I gave a dose of *sulphur* c.m. [Fincke]. Four months later the wart had disappeared and the remaining symptoms were greatly improved.

It should be said in this connection that a fair share of sycotic and syphilitic warts has come under my observation. The cases have usually demanded *nitric acid*, *sabina* or *thuja*, each case being decided upon its symptomatic merits. Each medicine was effective when thus selected. The next case seen may require an entirely different medicine.

#### *Urethral Caruncle.*

It pays to commit to memory the very characteristic symptoms of the polychrests. The prescriber is thereby reminded of the similar medicine at the right time in the sick-room. The patient afflicted with urethral caruncle has invariably been cured at my hands by *sulphur*, even after much inappropriate medication, both local and constitutional, and unsuccessful operation. The leading symptom that the patient always complained of has been burning in the orifice of the urethra during micturition. That has led to knowledge of redness and inflammation at the orifice of the urethra, which is another characteristic symptom of the same medicine. Inquiry being thus started in the right direction, there soon developed a complete *sulphur* case. One or two doses of that medicine, high, generally sufficed. What medicine the next case will require I do not attempt to guess.

#### ADENOMA.

A middle-aged woman, multipara, feared that cancer had invaded her right breast. It was heavy, hard and sensitive, and was usually the seat of ill-defined pain, which at times became tensive, burning and tearing. It was difficult to reassure her by showing the lack of involvement of the lymphatics and other cardinal signs of malignancy. She dreaded the knife; and that saved her from unwise action. The symptoms recorded above suggested *bryonia*. Her irritability, impatience, laziness, exhaustion from walking and transient drawing and tension in various limbs and joints completed the picture. *Bryonia*, two hundredth, cured the entire case.



*Bryonia* is frequently indicated. The lumps deep in the left mamma, with aching pains, of *arum triphyllum*; the bluish-red nodosities, the size of a hazel-nut, in the skin of both mammae, of *iodum*; the cutting in left mamma through to scapula, and cramp-like pain in left mamma, shoulder and fingers, of *lilium tigrinum*; the hard, burning, stitching nodosities, of *lycopodium*; and the various and often indicated symptoms of *phytolacca* must not be overlooked. Even *conium maculatum*, *nitric acid*, *phosphorus* and the whole class of remedies suggested by malignancy are to be remembered. After all he is the most successful prescriber who best gathers and relies upon the concomitant symptoms.

#### *Adenoid Concretions.*

Case 1. A little girl breathed through her mouth in consequence of adenoids. These were the concomitant symptoms: Irritability without cause, peevishness and obstinacy; scratching the head impatiently on awaking or being aroused from sleep; frequent sneezing without coryza; skin dry and yellow. Improvement soon followed the administration of *calcareæ ostrearum*, two hundredth. The cure was perfect.

Case 2. A mother asked me if I could cure her son of mouth-breathing, produced by adenoids, without operation. I replied that the homœopathist regards adenoids as the effect of a constitutional cause; that, consequently, to remove the adenoids by operation would be a temporary and unwise expedient—temporary for the reason that the unremoved cause would again produce an effect (either in the same or a worse location) and unwise for the reason just advanced plus the fact that thereby valuable evidence in the case would be destroyed; and that homœopathy, only, could remove both cause and effect and totally cure the case. The concomitant symptoms were: Pit of stomach swollen like a saucer turned bottom up; cervical glands swollen and hard; feet cold and wet; profuse sweat on head and chest. *Calcareæ ostrearum*, two hundredth, cured safely, speedily and easily.

## GOITRE—(TUMOR OF THE THYROID BODY).

My experience with goitre has been considerable. Upon no case have I operated. Medicine at my hands has ameliorated every persevering case. Others have become impatient and resorted to extirpation of the tumor. I know that some of the latter number afterwards bemoaned their personal appearance. The most startling case of goitre I ever saw was the most quickly cured. The subject was a friend of my family, fifty-two years of age, nearly past the climacteric, liable to bronchitis and for some years aware of the existence of a small goitre, to which she paid little attention. She gives the following history:

“One morning in April, 1901, just as I was leaving the house, I suddenly felt a choking sensation. My throat seemed to be closing. I put my hand to my throat and found a lump as large as an orange. The gland, on the left side, had been slightly enlarged for several years but had not troubled me. Now, I was greatly distressed and went immediately to see Dr. ———, next door. He said, ‘You have a very serious case. It will take a long time to cure it.’ He wrote a prescription for medicine to be taken every three hours, and wanted to put some substance in my throat, which I declined. I knew that if I could live long enough to have the prescription filled, I could get to my physician. I went over to Dr. Carleton’s office. He looked at my neck and said, ‘Have you been under any mental strain?’ I answered, ‘Yes, this morning.’ He said, ‘If you lived in Switzerland you would see a good many necks as large as yours.’ That reassured me, but did not relieve the strangulation. He gave me medicine, and asked Mrs. Carleton to take me up stairs and make me comfortable. I stayed there nearly a week. My neck and back were very painful, and so sore I could not lie down or swallow anything but a little liquid for several days. This may have been due to cold. From the first dose of medicine I had relief. The

goitre constantly got smaller, and in less than six weeks was entirely gone. It has not returned."

My first act was to relieve the strangulation caused by the sudden enlargement of the neck. *Ignatia* two hundredth in water did the required work in a few hours. Meanwhile the deep-acting remedy for the entire case was sought. A large wart on the face led to the discovery of many broad, flat, smooth, dark, verrucous formations all over the body, which had existed during life; and knowledge of them led to the discovery of cold, clammy feet. *Calcarea ost.* was the similar medicine. It was given, in the two hundredth potency in water, every two hours when awake until improvement was seen and then tapered off. If asked why repeated doses of this medicine, in potency, were given to a person fifty-two years of age, I reply that the malady was unusually acute and seemed to require exceptionally rapid medication. The cure was speedy.

#### *Neuromatous Tumor.*

In the summer of 1909 a healthy young woman, in alighting from a street car of the "open" variety, lost her footing and brought most of her weight upon the thin metallic fixture at the end of the seat, the part receiving the blow being the posterior portion of the middle of the left arm. A severe contusion was the result. She had the attention of two physicians at different times but was considerably crippled. In March, 1910, I found the triceps muscle swollen and hard, and a tumor of the musculo-spiral nerve about the size of a large pea which was exceedingly sensitive and sore. The traumatism interfered largely with the functions of the limb. In consequence of the bruised, sore feeling, *arnica* two hundredth was prescribed. This was taken four times a day for two weeks. It relieved the muscular soreness and swelling only. The tumor being the principal affection, *hypericum* two hundredth was chosen. This she took four times a day for two weeks, with a little improvement. The doses were then placed farther

apart for another two weeks with benefit. This course was followed until the middle of June when, the tumor being gone and the sensations normal, treatment was stopped. Her duties as librarian were now performed with ease.

### ANEURISM OF THE ARCH OF THE AORTA.

I have had the good fortune to cure one case of this kind with homœopathic medicine alone.

Mrs. D., a nurse aged fifty-nine, while attending one of my cases, in consequence of lifting, developed a large aneurism of the arch of the aorta. In about three months its size and pulsations were noticeable to the casual observer.

The principal symptoms were choking, with fear and anxiety. She had previously suffered greatly from grief over the loss of friends and property, which was revealed by sighing, leaving deep lines of care and sorrow on her face.

*Ignatia* two hundredth (B. & T.) worked a complete cure in one year.

She died fifteen years later with cancer of the breast. There was no post mortem examination, therefore the Pathological Cabinet failed to acquire an interesting specimen.

### CANCER.

At the close of one of my clinics at the New York Homœopathic Medical College a visiting English physician said to me, "This is interesting. Can you cure cancer?" Here is my answer:

I have seen my modest share of cancers. None of them have I treated by name, *per se*, or pathologically. Each case has been individualized and prescribed for homœopathically, according to its peculiar needs, to the best of my ability. Every case has been helped thereby, far more, I am sure, than would have been possible by any other means. Every year I operate

less than before; and when I operate it is upon the ground of expediency. My sole reliance for cure is upon Homœopathy. The statistics improve correspondingly. I never operate primarily. Medicine precedes and follows the knife. Excluding a few cases of carcinoma and sarcoma thus treated, which have gotten well (excepting for the mutilation, of course) and remained well, I will now give the histories of a few cases cured by Homœopathy alone, the only means, I believe, that is able to cure.

CASE I. *Fungus Hæmatodes of the Forehead*.—A little, slender, shrivelled, feeble old woman, with trembling voice, was referred to me by her physician, who expected me to excise a cancer from her forehead. It was an open sore with regular edges, which had started from the bone, situated slightly to the right of the centre of the forehead, measuring two inches vertically and an inch and a half laterally, and presenting a corrugated surface which was suffused with dark, grumous blood and pus, and which bled freely under slight provocation. She complained of boring, tearing, burning pains in the affected part.

The patient's figure, the location of the neoplasm, the character of the pains in it and its disposition to bleed, all pointed to *phosphorus*. The well known ability of *phosphorus* to disorganize bone and its reputation in the treatment of fungus hæmatodes corroborated the choice. The homœopathic remedy was plainly indicated. This fact was explained to the patient, also the fact that the cancer was not a thing which could be cut away and thus end the trouble; but was the visible expression of a diseased organism, which would disappear as soon as the organism should be cured by the similar medicine, and not before. She gladly consented to have internal medication in place of local interference; and we went to work, February 9, 1897.

She took *phosphorus*, two hundredth centesimal potency, four times a day with little interruption for about one year.



When improvement was well under way, medication was correspondingly abated. On two occasions, a change of symptoms and a lack of progress led to the temporary abandonment of *phosphorus* and the substitution of, first, *hepar sulphuris calcareum*, and, in the last instance, *nitric acid*; but each of these movements was soon found to be mistaken, and, therefore, was stopped.

In September, 1898, she was discharged cured, the forehead being normal and her health in other respects good. The contest had lasted nineteen months. She remained well a number of years and then died of pneumonia.

CASE 2. *Epithelioma of the Nose*.—A widow, seventy years of age, exhibited a sore on the end of her nose, which destroyed one-third of that member before it could be brought under control. Specialists declared it to be epithelioma. The management of the case devolved upon me. She received three remedies at my hands. When local burning heat predominated, with dryness of skin, thirst, restlessness and apprehensiveness, then *arsenicum* two hundredth was given. When that phase yielded and was replaced by pricking pain and some gnawing, then *nitric acid* two hundredth ruled. When the sore experienced sensations like "bed bug bites," she took *kali bichromicum*, two hundredth. These three remedies shared pretty evenly, and were given in the order of succession named. She was cured in about three years, and so remained the rest of her life, reaching the age of eighty-four.

CASE 3. *Epithelioma of the Nose*.—A woman, sixty-two years of age. The malady first appeared as a scale or scab devoid of sensation. The scab fell off leaving a raw place which increased in size and again scabbed. This process was repeated many times. Eventually the raw surface became an elevated, red, fungating, easily bleeding sore which could be made to scab with difficulty. Sensations: Burning, pricking, stinging with itching, which was sometimes felt at the tip of the nose. As the morbid process yielded to medicine the steps,



EPITHELIOMA OF THE NOSE.





EPITHELIOMA OF THE NOSE.





which have been described, were retraced in the inverse order of their development and ended in complete cure. Over four years of time were required to do this. During that period four principal remedies were used, namely, *arsenicum*, *nitric acid*, *causticum* and *apis*, according to the prevalence of the burning, pricking, itching or stinging. At long intervals this order was interrupted, once by *sepia* when a yellow saddle bestrode the nose; again by *lachesis* for left-sided sore throat accompanied by hot flashes and intolerance of clothing about the neck, and again with *zincum* when she was exhausted by the care of an invalid, and nervous, with fidgety feet. These remedies were all given in the cm. potency of Fincke, a dose about every two months or when improvement ceased. She is perfectly well. Two pictorial illustrations give some idea of the original and present appearances of the nose.

CASE 4. *Epithelioma of the Lip*.—The responsibility for the cure of the following case is divided between three physicians. The whole story may interest the reader.

In 1886, a gentleman, sixty-three years of age, was obliged to relinquish to a considerable extent his active literary pursuits on account of neurasthenia. His sleep was poor, he could not concentrate his thoughts long at a time without headache, beginning in the nape of the neck and extending upwards to the vertex, with coldness across shoulders and vertigo, which was increased by looking up and around. He had an indolent ulcer upon the outer surface of the left leg, flat, shallow, with bluish-white base and clearly-cut edges. Every tyro in homœopathic practice knows that the prescription was *silica* in potency, and believes my statement that at the end of two years of medical treatment his strength was nearly restored. It ought to be—but probably is not—superfluous to add that no medicated applications were made to the ulcer. Sole reliance was placed upon internal medicine. He lived in Boston, and much prescribing was done by means of correspondence.

Then it was—headaches gone, ulcer healed, vigor in great

measure restored and work resumed—that a hard, rough, cracked, sensitive, painful, slightly discolored tumor developed in the border of the left side of the lower lip. Epithelioma stared me in the face. I turned to page 379 of Vol. IX. Guiding Symptoms, and read, among much other relevant and interesting text, “Swelling of lower lip.” “Cancer of lower lip.” *Silica* continued to be the remedy. I gave a dose very high. It relieved the situation somewhat. Relatives and friends took alarm and held anxious conferences. Excision, plasters, escharotics, and nostrums were discussed and urged. It seemed that control of the case could be maintained better by closer personal contact between physician and patient. I therefore asked to have Dr. William P. Wesselhœft, of Boston, take the case. He did so; and now kindly consents to let me quote him. After consulting his books, he writes:

“I find that in 1888 he received, February 18, *silica* cm., one dose.” During his absence from home, which soon followed, Dr. Wesselhœft assigned the case to his colleague, Dr. James B. Bell, who writes:

“I have no doubt if the diagnosis from the macroscopic appearance. I treated him from June 18, 1888, to December 29, 1891, and the remedies were *clematis* and *dulcamara*, at long intervals and in the highest potencies. The indications for *clematis* were simply ‘Cancer on the lip,’ and for *dulcamara*, the warty character of the growth. I do not remember that there were any modalities. He had occasional interruption of the treatment for more or less acute conditions, but there was gradual progress toward a cure, and the remedies were not repeated as long as progress was discernible. As I remember, the cure was complete and continued until his death.”

Dr. Bell’s recollection is good. The subject remained well until 1896, when he died suddenly of cerebral hæmorrhage.

CASE 5. *Cancer of the Stomach*.—Mrs. ———, nurse, multipara, fifty years of age. Hard, irregular tumor at pylorus, sensitive to manipulation, the seat of burning pain;

thirst, water producing an indescribable, nauseating effect; inability to retain food, which returned partially digested; vomiting of slime and blood; bloody dejections. Yellow, scrawny and emaciated. The staff of the Bond Street Dispensary confirmed my diagnosis of cancer of the stomach. *Arsenicum* two hundredth, in water every two hours brought amelioration. Then the doses were placed farther apart; expedited when exacerbations ensued, and so on. In not quite two years she was well, and so remained for the rest of her life. No trace of cancer could ever after be discovered. One remedy cured. She finally perished with pneumonia a number of years after the cure of the cancer.

CASE 6. *Cancer of the Stomach*.—A business man, fifty-five years of age, in November was under the care of a stomach specialist who, after examination of test breakfasts (gavage aggravated the sufferings) and the dejecta and physical examination, made positive diagnosis of cancer of the stomach and advised immediate operation by a surgeon whom he named, saying that otherwise death would result in six months. He could not promise non-recurrence. I have documentary evidence of the foregoing. The patient dreaded the table and was induced to try Homœopathy.

I adopted the special microscopical and chemical examinations of my predecessor, and, having found a tumor of the pylorus, made positive diagnosis of cancer of the stomach.

Without minimizing the trouble or exciting rosy hopes, I expressed willingness to take the case, in the firm belief, also expressed, that pure Homœopathy would accomplish more of good than could be gained by any and all other means.

His attacks of "colic" began in the stomach, extended to the left breast, then were felt in the entire epigastric region, and passed to the lower angle of the right scapula, accompanied by a sensation of a belt pressing around the waist, with nausea and pyrosis. He leaned backward to obtain slight relief from the excruciating pain. The attacks were most severe from

eleven A. M. to noon, from four to six P. M., when the stomach was empty and after swallowing cold substances. Amelioration followed the injection of hot substances. There existed great soreness of the stomach, made worse by the jar of stepping. Lying upon the right side also caused pain. He had been a rapid eater and had consumed much salt. He wore a truss to restrain a hernia near the umbilicus; but neither hernia nor truss seemed to be a factor in the disease of the stomach.

*Chelidonium majus* has a variety of pains in the stomach which are relieved by swallowing hot substances and by bending backward. The latter clause is not to be found in the books, but has been repeatedly verified by me in practice. The same drug has a feeling as if a cord were tied around the waist, and a sharp pain under the scapula. Hence this medicine enjoyed a decided advantage over others which clamored for first place. Influenced by former successes in curing similar pains, I dissolved *chelidonium*, Fincke's cm. potency, in hot water and gave teaspoonful doses every five minutes when the "colic" was on, and discontinued to give when it abated. The medicine worked beautifully for forty-eight hours and then was spent. Having given the similar remedy we were, at this juncture, rewarded with a new picture of the disease.

He was apprehensive; restless, wanted to lie in bed a short time, next to sit in a chair, then to walk the floor, then to lie on the lounge, and so on; thirsty for frequent sips of water; desired external heat and was relieved by it; and wanted two pillows in place of one. Of course, he received *arsenicum album*. I gave it in the two hundredth potency, in water every two hours. This worked well for six days and then gave out. Comfort was followed by torment. He wanted one thin pillow only; his pains were in marked paroxysms, coming and going quickly, and characterized by throbbing, especially at three P. M. and at midnight. Therefore *belladonna* replaced *arsenicum*.

Hitherto his diet had consisted of small portions of scalded

milk, which he did not like. Learning in what direction his desires led, I instructed his wife to get the neck of choice Canada mutton, wash it, trim off the fat, if any were found, cut the meat into pieces about the size of cubes of loaf sugar; to add carrots and peeled potatoes, each equalling the mutton in bulk; to put all in a stew pan and cover the mass with cold water; to keep the pan covered and to simmer the ingredients until an impalpable porridge should be the result. Of this he was to eat all he wanted, in alternation with the milk. Both prescription and diet proved to be well chosen. Improvement for a week was secured in consequence, followed by a return of suffering, though less severe than before. Again, a change of symptoms demanded a new selection of remedy. There were a sudden sense of repletion after eating but little, great distension from gas, and borborygmus from eating, all worse during the last part of the day and early in the evening. *Lycopodium*, two hundredth, succeeded *belladonna*. The wife was instructed to make a pigeon (not squab) stew, similar to the mutton stew, and to serve it alternately with the milk and mutton, thus preserving a relish for all three.

"Eight days of comfort" followed, he said. Strength and weight increased. But the remedy was used up and he became worse. The symptoms were different. He had burning pylorus, saltish fluid rising into the mouth, and offensive flatus. The medicine was changed to *carbo animalis*, a single dose of Fincke's cm. potency on the tongue. It was a good prescription and helped quickly and for twenty-one days. Then came the exacerbation, but not so bad as the preceding one had been. It should be understood that during all these vicissitudes there was a real gain, each advance reaching a point a little higher than the one just before it. Another remedy had to be chosen. This time the patient was thirsty for cold water; but water no colder than the room, even, produced nausea soon after reaching the stomach, followed by the ejection of sour gas and liquid. This mighty indication for *phosphorus* reminded me



of his propensity to eat salt, already mentioned, another indication for the same medicine, and led to questioning which elicited the fact that slight wounds bled freely. The painstaking Hahnemannian knows with what a feeling of certainty I shifted to *phosphorus*, two hundredth, each dose to be exhausted before another should be given. It did good work for seven days and ceased to respond. This long-acting medicine, in showing exhaustion so soon, bore eloquent testimony to the strength and rapacity of the enemy with which we contended. I now suspect that greater results would have been gained from a single, very high dose of *phosphorus* than were obtained from the repeated two hundredth. The case seemed to revert to *carbo animalis*, the first reversion that I had seen. However, it transpired that the flatus was hot and moist as well as offensive, which made the decision in favor of *carbo vegetabilis*; and it was given in the two hundredth potency. For twenty days it worked handsomely. Then improvement ceased and an important change occurred.

This symptom, a "faint, sinking feeling in the pit of the stomach, akin to hunger, at eleven A. M.," was reported. Aha! Had we, by dint of hard fighting, at length forced our antagonist into the realm of the great antipsoric remedy? Let us see. In early manhood he had been troubled, several winters in succession, with suppurative tonsillitis. His throat had been swabbed and gargled with powerful drugs, and he had swallowed much strong medicine in the endeavor to get rid, by *contraria*, of the throat trouble. His elongated uvula had been amputated when he was thirty-two years of age. The wound bled four days before the hæmorrhage could be stopped. Ever since that operation he "wants to swallow and cannot; hems and hawks." [Food for reflection for throat specialists and others.] He had had bleeding hæmorrhoids and prolapsus of the rectum at stool, abolished by local applications. Observe a whole catalogue of suppression, followed by metastasis. What a demonstration of the truth of Hahnemann's teachings! On

the twenty-second day of February, 1906, I gave a dose of *sulphur* cm. (Fincke).

Improvement followed and continued to increase for a number of weeks. His complexion cleared, the tumor disappeared, sleep became natural and refreshing, and the bill of fare was successfully lengthened. He seemed to be well, though not yet strong. Then came an entirely different attack, in the guise of neuralgia, which the patient informed me was an old enemy. The original centre of this malady had been at and near the left occipital protuberance, so violent as to impair vision for the time and unfit him for business. A monument, in the shape of a wen, erected by nature over the protuberance, marked the spot. The neuralgia had been suppressed by injections of morphine. This statement was confirmed by numerous scars. Nature had taken revenge for all this abuse by establishing a worse disease in the stomach, as recorded at the beginning of this history. How many times will it be necessary to show that no cure is ever wrought by *contraria*? That palliation by *contraria* is sure to be followed by a return of the disease in a greater degree than before? and that complete suppression is inevitably followed (if the patient be strong enough to rally) by metastasis to a part more important than the original one and with an increase of suffering and of hazard to the patient. Under the influence of homœopathic medicine my patient's cancer of the stomach had just disappeared, and his neuralgia reappeared at the original location, in ancient form, with increased fury, and accompanied with cerebral and nervous exhaustion. Sleep was impossible. I discovered that he could not keep his feet still, they were so fidgety, especially in the evening. He presented a striking image of the action of zinc upon the healthy, which every homœopathist will recognize. Without delay I gave him, April sixth, a single dose of *zincum*, Fincke's cm. potency.

Improvement began in a few hours and steadily increased. His health became firmer than ever before. Six months after

taking the dose of *zincum* nothing wrong with him could be found excepting two external hæmorrhoids, one red and the other blue, which itched and did not bleed, and *prolapsus recti* at stool which was easily replaced. This last relic of a long sickness—much of which had been produced artificially by allopathy, which brought the victim to the edge of the grave—was soon cured by a single dose of *sulphur* cm. The patient remains well.

Let me add that my predecessor, the specialist, was greatly interested in the result, and took copious notes of my treatment of the case. Question, will he be influenced thereby to study Homœopathy?

CASE 7. *Cancer of the Uterus*.—The vigorous wife of a sturdy farmer was a helpmeet to her ambitious husband. Together they worked, struggled, saved and became forehanded. When maternity occurred she made short work of it and soon afterward returned to her routine life. The attending physician also appeared to be pervaded with impatience of delay and to have forgotten the precept which has been carefully taught by all obstetrical authorities, that “meddlesome midwifery is bad.” He shortened her natural labor with ergot. He did it one time too many, and the consequences were a bilateral laceration of the cervix, a ruptured perinæum, subinvolution and a complex train of symptoms. She became an invalid. Later operative interference was helpful, but the lesion on the right side of the cervix and one inch of subinvolution remained unrelieved. She continually postponed another operation and patched along under difficulties. At thirty-eight years of age menstruation became irregular, ceasing for a number of months and then flooding with dark and offensive smelling blood. The intervals were marked by an acrid, ichorous discharge; biting, itching, burning in the uterus, the burning extending to the right ovary, and accompanied with a sense of weight, bearing down. There was more pain between than at periods. The family noticed increasing irritability of temper.

The experienced physician listens with sorrow to such a recital. He has learned that it indicates malignancy. In this case the unrepaiied part of the cervix was found to be the centre of a swollen, deep-colored, infiltrated mass, beginning to break down. The entire organ was swollen and sensitive to touch. Slides bearing smears of the discharge were submitted to a pathologist for examination; but the discharge alone, while showing characters closely bordering upon carcinoma and highly suggestive of it, was inconclusive. It was impracticable to obtain a section for examination. Macroscopically and clinically there remained no reasonable doubt of the diagnosis. To this the pathologist, another medical friend, and I agreed. The patient accepted homœopathic medicine as offering the greatest promise of relief from suffering and of permanent cure, and came under my care.

The symptoms of this case are also recorded in the homœopathic materia medica in the provings of *kreosotum*. I gave it, in the two hundredth centesimal potency, in water every two hours when awake. As improvement advanced the intervals between doses were lengthened. No other medicine was given. In less than a year the patient was well, the parts being in healthy condition and no symptoms remaining. Three years have since elapsed and she remains well.

CASE 8. *Scirrhus Mammæ*.—A middle-aged woman, the mother of one child, consulted me in April in regard to her right breast. I found a hard, irregular tumor in relation with a retracted nipple, about the size of a goose egg, adherent, the seat of lancinating pain. A sore, lame feeling extended to the arm, which was uncomfortable. The axillary glands were indurated. She suspected the truth, and dreaded the knife. Moreover she was an unusually intelligent and reasonable person, and a firm believer in Homœopathy. When it was explained to her that the trouble was constitutional and not merely local; that it is my custom to carefully medicate before operating; that, contrary to common belief, time cannot be lost

by such procedure, but rather gained, for thus the parts and system are made ready for the operation—should an operation be considered advisable later, and the operation itself rendered more likely to give satisfaction; that recurrence is far more liable after early interference than after time spent in medicating homœopathically; especially, that the malignant formation and all it implied might perhaps be cured by homœopathic medicine, thus obviating all need of mechanical interference; and that our minds should constantly be in a hopeful attitude, even expectant of a cure, because such mental attitude encourages the physician's best endeavors to aid an organization made as responsive as possible to curative agents, and not repulsive to them by reason of doubts, fears and worry; then she promptly assented, and enlisted for the war.

My first prescription was *conium maculatum*, two hundredth, to be taken in water four times a day until improvement should be noticed. It was not sufficiently similar to the case and produced slight amelioration only. *Phytolacca decandra* took its place. In making this change I was influenced by earlier history. Most women have a clear recollection of the pains which they have suffered during lactation. This one had. The pain began in the nipple, which was fissured across the crown, when her infant began to draw the milk, and radiated thence over the whole body. This is characteristic of poke root. (If it had been given then, would cancer have developed later?) It held sway for ten months, when improvement ceased and new symptoms appeared.

She had a hot vertex; cherry-red lips; did not react well after a bath; and had a faint, sinking feeling in the stomach at eleven A. M. On the strength of these characteristic symptoms I gave a dose of *sulphur*. It was high. Fincke's cm. potency, a dose on the tongue. It worked well for over three months, when its usefulness was ended. An irregular menstruation came on, accompanied with hot flushes, intolerance of pressure around neck and waist, and poor sleep; all symp-



toms being worse upon awaking from sleep. *Lachesis* followed with perfect naturalness. During all these experiences the cancer became better. Two months later another dose of *sulphur* was demanded. The homœopathic therapist of large experience, who has piloted numerous important cases past the dangers of the climacteric into the port of health, will appreciate these movements. The medicine was effective; wore out; was repeated; again did excellent work; and at the end of eleven months finished its mission.

In September we surveyed a vast improvement over the original case; but new indications appeared. There were more mental irritability and impatience; indisposition to mental and physical exertion; and the sharp pains in the mammary gland were worse from motion. Therefore *bryonia alba*, a dose of the mm. (B. & T.), began its work. Improvement followed and continued for two months; and then was again rekindled by another dose of the same medicine, which lasted until the beginning of the following year.

January seventh, 1902, after very close and persistent cross-questioning, I learned that the sharp pain in the breast was not so much a stitch, or like the cutting of a knife, or the stinging of a bee, or the pricking of a pin, or the jaggings of a splinter; but was most like a hot wire thrust through the organ. I therefore with great confidence prescribed *nitric acid*, cm. (F.), a dose on the tongue. It was the best prescription of the series, helped more than any that had preceded it, and lasted over a month before repetition became necessary. The second dose finished the case. In a few more weeks the patient was well. She has remained well since in every respect. After a warfare which lasted three years, complete victory was ours.

The inexperienced homœopathic prescriber must not jump to the conclusion that *nitric acid* would have brought a more speedy cure if it had been given earlier, in the place of other medicines. Perhaps it would. I lean to that belief. However, the careful observer has not failed to see that every rem-

edy but the first was followed by improvement and led the way to the next one.

CASE 9. *Scirrhus Mammæ*.—I well remember my first amputation of the breast. It was early in my practice. The patient was an elderly lady, with a scirrhus well under way. An eminent surgeon, with rare generosity, assisted me, and was good enough to speak well of my work. The excision seemed to be ample, and the wound healed quickly. Even then I realized that it would be necessary to medicate, and indulged in hopes of good times to come. But the disease again manifested itself, adjacent to the old spot, and soon triumphed in spite of art. That and other similar experiences set me to thinking. When a daughter of the lady just mentioned, married, nullipara, reached middle life and was threatened with an end like her mother's we agreed to see what could be done with medicine alone.

The diagnostic signs—irregular, hard, adherent tumor of the right mammary gland, yielding lancinating pains, retracted nipple, with enlarged and indurated axillary glands—were abundantly supplemented. The local veins were prominent. There was a red streak running from breast to axilla. Other red streaks, a few inches in length, radiated from the breast like the spokes of a wheel. There were internal, bleeding hæmorrhoids, sometimes itching; and mucous discharge from the vagina, with burning pain. Examination revealed no uterine lesion. How like hungry and ferocious wolves, gathering together from the deepest recesses of the forest at evening to seek their prey, do the hitherto latent malific forces within the woman of psoric constitution menace her at the climacteric when her powers of resistance are comparatively feeble.

What should be given—*bufo* (red streaks), *conium* (stony hard breast having sharp pain), *kreosotum* (mucous discharge from vagina, with burning pain), or *sulphur* (internal, itching, bleeding piles)? Burning discharges from the natural orifices of the body, especially in women at middle life, always put me

on guard. They are commonly important, even significant, and should have great weight in balancing indications. I took the Guiding Symptoms from the shelf, and made close comparisons between the four drugs named. *Kreosotum* had hard painful lumps in mammæ, stitches in mammæ, and is prone to hæmorrhages. With these additional indications we seemed to have a reasonably good sum total to rest upon; and better than other drugs could show. Therefore, July nineteenth, 1890, she was given *kreosotum*, two hundredth, in water every two hours until better. It helped a good deal, but wore out. I surmised that the great antipsoric should have been given at the outset, to meet the chronic condition; and, therefore, September twenty-second, gave *sulphur* cm. (F.), a dose on the tongue. It was of marked benefit to the hæmorrhoids and generally useful for months, when it subsided and gave place to *kreosotum*; which worked nine months, and, in turn, yielded to *sulphur*.

In December, 1891, we felt encouraged by the results of our seventeen months of steady application, already described. But we were halted. A new symptom, a sensation as if red pepper were on the tip of the tongue, in the anus and in the urethra after urination, caused great annoyance. The affected parts had a natural appearance. The patient was peevish and obstinate. Her cheeks were red. Accordingly she received a dose of *capsicum annuum*, cm (F.). It is a mighty remedy, when indicated by symptoms, to rouse the sluggish powers of the sick. It held the field thence forward to the end, being twice repeated in ten months. It finished the case. We had struggled twenty-seven months and felt rewarded.

CASE 10. *Sarcoma of the Thigh*.—A man, thirty-four years of age, was the subject. When an infant he had the worst case of measles I ever saw. He was a puny child. Under antipsorics and good care he gradually improved and became well in youth, excepting a slight discharge from the ears. From 1892 to 1898 he came to the office at regular intervals. Careful prescribing cured the discharge from one ear and brought

down the other to an occasional drop. He was a full-sized, strong, active man. The Philistines persuaded him to have the last drop stopped by local interference. I lost sight of him until January, 1904, when he reappeared with a tale of woe.

After the drop had been suppressed he became stout, but felt well until about nine months before he called, when he discovered a tumor on his left knee. The line of incision for its removal (a large, dark scar) was best seen when the limb was extended, being situated diagonally alongside the patella, about midway between it and the inner condyle of the femur. The tumor was removed by a well-known surgeon. It proved to be sarcoma. He exhibited to me a tumor occupying the anterior, exterior portion of the left thigh, its centre about nine inches above the knee joint, about the size of a large fist, which was tapered off by swelling and infiltration of less and lesser density, in great bulk, reaching from the knee to the upper third of the thigh. It was symmetrical, doughy, stiff and unyielding, interfered with muscular movements, and was somewhat sensitive to examination; yielded drawing pain, which was worse in wet weather and when storms approached; and was worse when fatigued, but demanded some exercise. Numerous large veins existed over and near the tumor. On the inner surface of the thigh, on a level with the centre of the tumor, was a spot about the size of a quarter dollar, irregularly radiated with red streaks like the spokes of a wheel, which partially abated under pressure and were sensitive to manipulation. Patient said that there was a slight tumefaction at the time of the operation where the present tumor was found, which the surgeon thought would disappear soon. The futility of any operative measure short of amputation at the hip joint for the relief of the case as it existed was apparent. I gave *rhus tox.*, two hundredth, in water every three hours until improvement should be observed.

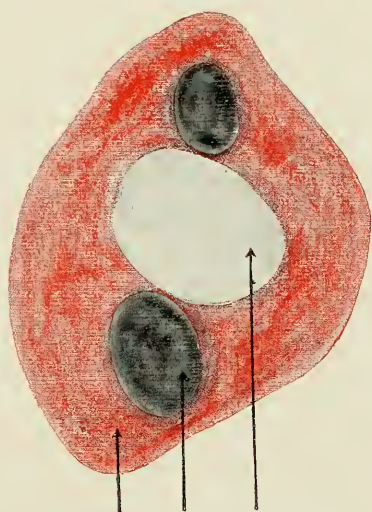
Three months later the tumor was smaller, softer, *lower on the limb, more to the left*, not so uncomfortable; function im-



SARCOMA OF THIGH.







SARCOMA OF THE THIGH.



proved; red spot fading; **ear discharging**. Already the suppression of the discharge from the ear, which had caused so much disaster by metastasis, had been overcome. Remedy continued, an hour to be added to every interval between doses.

Two months later the tumor was smaller, softer, lower, more to left, migrating towards the operation scar; veins less prominent; function better; aching and soreness increased; looked as if bruised; red spot nearly gone. Medicine continued.

One month later the tumor was lower, smaller, softer; function increasing; but, lower still and in front, there appeared a swollen red place, with aching and soreness in wet weather. (Note, sickness in family and moving of residence.) Medicine continued.

Two weeks later, in consequence of a cold, sharp, cutting pain developed in tumor. The spot in front became sensitive, with red centre. Motion caused a "sensation in it like fire." All symptoms increased by motion. I gave *bryonia*, two hundredth, in water every two hours.

By the following week the situation had improved in all respects, excepting in the new spot already alluded to. That was about the same or a trifle worse. Soon after I stuck a piece of isinglass plaster over the discolored part and traced its outlines; and afterward colored the different sections with crayons. Here is a copy of it—accurate if not artistic. The centre of the discoloration was three inches above the articular surface of the knee joint. There was slight, watery discharge from the dark places. Medicine continued.

The next month the red color had nearly disappeared. Patient said that in the morning it was scarcely perceptible. The central scab was thicker; the dark portions scabbing, with pus oozing at the edges, giving relief. The ear had stopped running. Tumor and infiltration diminished and working their way down towards the scar produced by the operation. A creepy sensation was felt in the scar at times. Two large

veins, only, were visible; function improved. Medicine continued at longer intervals.

Early in September an occasional drop from the ear appeared. The area of red and brown seen two months ago was now a brown scab, a third less in superficial extent, sharply defined, with pus oozing from under the edges; the skin being healthy up to the line of demarcation. Veins made no showing. Swelling and hardness reduced. *Operation scar pale and less conspicuous.* Knee a little stiff when going upstairs, but otherwise function was improved. General health excellent. Medicine continued at longer intervals. Before the month expired patient was better every way. Scab reduced to two small portions. Circumference of thigh at affected point only one inch greater than that of the other limb. Medicine at long intervals.

The following January the scabs were gone; skin smooth; two tawny spots where brown was; slight signs of tumor near scar; some stiffness, the result of exposure to wet and cold, improved by exercise. Therefore I changed the medicine to *rhus tox.*, two hundredth, in water every two hours until better. There has been no discharge from the ear for months. In other words, the ear disease and all which it represented had been properly cured by internal, homœopathic medicine and could no longer (suppressed) produce metastasis to thigh or elsewhere. At the same time, by the same means, the metastatic disease—the sarcoma of the thigh—had been cured! (See Illustration. B. Sarcoma of Thigh.)

In review and conclusion: It is impossible to cure cancer or any other disease by name upon the diagnostic indications alone, or *per se*. It is not so vouchsafed to man. I have cured individuals diseased with different varieties of cancer by taking into account all the abnormalities of those same individuals and giving that medicine to each one which has been proven upon healthy people to have symptoms resembling closely those experienced by the sick person in question. That



is the only way to cure sick people, cancers and all. When God sets aside the law of gravitation, then He may abolish the law of cure, so that no longer *similia similibus curantur*. Then prospectors and empirics (if they survive the cataclysm) may consistently speculate upon and announce a "specific for," a "cure for," a remedy "homœopathic to" cancer; and do the same by any and every other disease that vexes our race. But not until then. Meanwhile let us with patience work in the way that He has ordained, and every year achieve greater success.



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